

Case Number:	CM14-0014239		
Date Assigned:	02/26/2014	Date of Injury:	09/22/2001
Decision Date:	07/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old male who has submitted a claim for lumbar postlaminectomy syndrome, lumbosacral radiculopathy and left carpal tunnel syndrome associated with an industrial injury date of September 22, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain, left knee pain and left elbow pain. He also complained of depression due to his situation following the injury. Physical examination revealed tenderness over the cervical spine, lumbosacral spine and bilateral sacroiliac joints. Phalen's and Tinel's tests were positive on the left. Gait was antalgic. Left knee examination revealed tenderness over the medial joint line and a positive McMurray's test. There was painful patellofemoral crepitus with motion but no instability. Motor strength and DTRs were within normal limits. The treatment to date has included surgery, physical therapy, chiropractic treatment, acupuncture, epidural steroid injections, and medications, which include Oxycontin 80mg, Dilaudid 4mg, Flexeril 10mg, and Lidoderm. Utilization review from January 29, 2014 modified the request for 1 prescription for Dilaudid 4mg #180 to 1 prescription for Dilaudid 4mg #118 because documentation indicating decreased pain, increased function, and improved quality of life should be provided in order to continue long-term opioid use. Continued use of Dilaudid is not appropriate except for weaning hence the modification. The request for 8 psychologist sessions was modified to 6 psychologist sessions because a trial of psychology sessions was appropriate because review of available documentation revealed no prior history of psychological intervention or care. Furthermore, the patient was displaying signs and symptoms of depression secondary to chronic pain for which psychological care is supported.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One prescription for Dilaudid 4 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. California MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, the patient has been on chronic opioid treatment however date of initiation is not known. Recent progress reports indicate that the patient's current medication include Oxycontin 80mg TID and Dilaudid 4mg 1-2 TID. There were no changes in his symptoms as noted in recent progress reports. Patient's condition remains unchanged with pain being consistently rated at 8/10. Guidelines indicate that for continued opioid use, evidence of decreased pain, increased function, and improved quality of life should be provided. Also, the patient's total morphine equivalent dose greatly exceeds the guideline recommended maximum dose of 120mg/day. Furthermore, the previous UR already approved 118 units of Dilaudid 4mg for weaning. Therefore, the request for one prescription for Dilaudid 4mg #180 is not medically necessary.

8 psychologist sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention, Psychological Treatment Page(s): 23; 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: According to pages 23 and 101 of the California MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient was already approved 6 psychologist sessions.

Guidelines need evidence of objective improvement defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment however, these were not evident in the patient's records. There was no documentation provided regarding the outcome of already completed treatment. Furthermore, the present request exceeds guideline recommendations since the patient has already been approved 6 sessions. Therefore, the request for 8 psychologist sessions is not medically necessary.