

Case Number:	CM14-0131133		
Date Assigned:	08/20/2014	Date of Injury:	02/06/2003
Decision Date:	10/29/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 records presented for review indicate that this 55 year-old female was reportedly injured on February 6, 2003. The mechanism of injury is noted as a drawer that flew out of the desk, hitting her right knee resulting in chronic pain syndrome, lumbar degenerative disc disease, post lumbar laminectomy syndrome, bilateral carpal tunnel syndrome, status post right carpal tunnel release, and pain related psychological factors, as well as major depressive disorder, generalized anxiety disorder, dysthymic disorder, depressive disorder. A recent progress note accompanying the request, dated May 19, 2014, indicates that there were ongoing complaints of chronic pain related to multiple injuries. The physical examination demonstrated that the claimant was alert and oriented with tenderness at the lumbosacral junction with guarding and limited lumbar range of motion. A positive straight leg raise at 50 was noted and decreased right lower extremity sensation was present. Right foot. Dorsiflexion and right leg extension strength was limited. Diagnostic studies included a psychological evaluation with a recommendation for outpatient psychotherapy. Previous treatment includes multiple surgeries including the lumbar spine fusion, a shoulder arthroscopic procedure with rotator cuff repair, and capsular release of the right shoulder with debridement and manipulation under anesthesia, a right carpal tunnel release, a left carpal tunnel release, four arthroscopic surgeries to the left knee, and subsequently, a total knee replacement of the left in 2007. Pharmacotherapy has also been provided as well as physical therapy, and a psychological evaluation and treatment prior to consideration for therapy. A request had been made for Norco 10/325#120 and 6 sessions of cognitive behavioral therapy and was not certified in the pre-authorization process on July 18, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient CBT (Cognitive Behavioral Therapy) visits, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014: Mental Illness and Stress, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic)

Decision rationale: CA MTUS guidelines reference cognitive behavioral therapy under psychological treatment, and the ODG discuss cognitive behavioral therapy. The guidelines support an approach to this type of pain management, involving psychological intervention. Step 2 of this process includes a consultation with a psychologist to allow for screening and assessment. The guidelines support this type of multidisciplinary pain management program when previous methods of treating chronic pain were unsuccessful and there is an absence of other options likely to result in significant clinical improvement. It is stated that there was a popliteal cyst, a healed fusion surgery, changes to the medial meniscus and other degenerative changes. When noting the claimant's multiple injuries, numerous diagnoses, conservative treatment modalities, the numerous surgical procedures with no resolution of the chronic pain, and the multiple psychiatric diagnoses, a clinical indication for cognitive behavioral therapy would exist and is supported by the guidelines. The guidelines support a 4-6 session trial in order for sufficient evidence to be provided of symptom improvement. Tempering the assessment in the guidelines with the pathology noted with the most current physical examination, a 6 session trial of cognitive behavioral therapy would be medically necessary. However, the request is for 12 sessions. As such this is excessive and would not be clinically supported. Therefore this request is not medically necessary.

Norco 10/325 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury 11 years ago. However, the medical record fails to document

objective clinical documentation of improvement in their pain or function with the current regimen. The physical examination did not identify any specific pathology or improvement with the use of this medication. As such, this request for Norco is not considered medically necessary.