

Case Number:	CM14-0171123		
Date Assigned:	10/23/2014	Date of Injury:	10/08/2008
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 52-year-old male with a date of injury of 10/08/2008. The listed diagnoses per [REDACTED] are: 1.Low back pain.2. Lumbar degenerative disk disease.3. Lumbar radiculopathy.4. Lumbar post laminectomy pain syndrome.5. Thoracic spine fracture.6. Chronic pain syndrome.7. History of lumbar fusion L3 to L5.According to progress report, 09/19/2014, the patient presents with low back pain which radiates to his lower extremities. The patient is taking Trazodone, Ultram and Percocet. He does have some gastrointestinal upset with medications. Patient rates his pain 4/10 in intensity with pain medications and 8/10 in intensity without medication. He continues to feel that Percocet 10/325 mg allows him to remain functional and continue his home exercise program. Examination revealed 5/5 bilateral lower extremity strength and tenderness to palpation at T6 with spasm noted. Straight leg raise elicits low back pain and buttocks pain. The treater is requesting refill of medications and 8 sessions of psychotherapy. Utilization review denied the request on 09/30/2014. Treatment reports from 03/03/2014 through 09/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel (Trazodone) 50mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: This patient presents with low back pain that radiates into the lower extremity. The treater is requesting a refill of Percocet 10/325 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Percocet since 03/03/2014. Progress reports indicate a decrease in pain intensity with current medications which includes Percocet. The treater states that Percocet allows the patient to remain functional and "continue with his home exercise program." Progress report 04/02/2014 indicates the patient's pain is reduced from 8/10 to 4/10 with medications and his function is improved and he is able to walk for exercise. On 06/27/2014, the patient reported that he is able to remain functional and he is able to provide self-care and be active with medications. Report 09/19/2014 states that the patient is "getting good pain relief with 4 Percocet a day." It was noted that his pain level was decreased from an 8/10 to 3/10. In this case, the patient is experiencing a decrease in pain and functional improvement with current medication regimen. The patient reports some gastrointestinal upset with medications. Urine toxicology screen from 06/06/2014 was consistent with the medications prescribed. The treater has provided adequate documentation for continuation of opioid therapy. The requested Percocet 10/325mg #120 is medically necessary and appropriate.

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89, 78.

Decision rationale: This patient presents with low back pain that radiates into the lower extremity. The treater is requesting a refill of Percocet 10/325 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Percocet since 03/03/2014. Progress reports indicate a decrease in pain intensity with current medications which includes Percocet. The treater states that Percocet allows the patient to remain functional and "continue with his home exercise program." Progress report 04/02/2014 indicates the patient's pain is reduced from 8/10 to 4/10 with medications and his function is

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Psychotherapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for chronic pain Page(s): 23.

Decision rationale: This patient presents with low back pain that radiates into the lower extremity. He also complains of headaches, insomnia, and depression. The treater is requesting 8 sessions of psychotherapy. For cognitive behavioral therapy, the MTUS Guidelines for chronic pain page 23 recommends an initial trial of 3 to 4 psychotherapy treatments over 2 weeks and additional treatments for a total of 6 to 10 visits with documented functional improvement. MTUS Guidelines support psychological treatments for chronic pain, but the treater's request for 8 initial sessions exceeds what is recommended by MTUS. Therefore, the request for Psychotherapy 8 sessions is not medically necessary and appropriate.

Ultram 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78.

Decision rationale: This patient presents with low back pain that radiates into the lower extremity. The treater is requesting Ultram 50 mg #100 for the patient. The MTUS guidelines page 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. According to progress report 09/19/2014, treater would like to dispense tramadol "for the patient to use in addition to his medication in the case that the insurance company will not authorize his full dose of Percocet." In this case, the treater does not provide baseline pain or functional assessments to necessitate a start of a new opioid. In addition, MTUS does not discuss initiating opioid for back up purposes. Therefore, the request for Ultram 50mg #100 is not medically necessary and appropriate.

