

<b>Case Number:</b>	CM14-0171768		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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 49-year-old male with a date of injury of 05/14/2008. The listed diagnoses per [REDACTED] are: 1. Neuropathy and other diseases. 2. Lumbar disk displacement without myelopathy. 3. Thoracic or lumbosacral neuritis or radiculitis. 4. Neuralgia, neuritis, and radiculitis. According to progress report 09/25/2014, the patient presents with "multiple pain complaints and quite frankly, they range from low back to pelvis and to his erectile dysfunction." The patient's medication regimen includes Norco 10/325 mg, Prilosec 20 mg, docusate sodium 100 mg, naproxen 550 mg, Neurontin 600 mg, bupropion HCl 150 mg, Viibryd 40 mg, Remeron 45 mg, Latuda 20 mg, Pristiq ER 100 mg, tramadol HCl 50 mg, and Fetzima ER 80 mg. It was noted the patient also suffers from depression and has recently completed a FRP program for 6 weeks at [REDACTED]. Treater states the patient has a complex case which includes erectile dysfunction, insomnia, urinary problems, depression, and chronic overall pain. Examination of the lumbar spine revealed paravertebral muscle tenderness noted over both sides. Straight leg raise is and FABER's test are positive. The patient's work status is not provided. Treater is requesting refill of Norco 10/325 mg #180 and 6 sessions of cognitive behavioral therapy. Utilization review denied the request on 10/01/2014. Treatment reports from 04/07/2014 through 09/25/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78 ,88-89.

**Decision rationale:** This patient presents with chronic pain and complaints of depression. The treater is requesting a refill of Norco 10/325 mg #180. Utilization review partially certified the request from the requested #180 to #60. The California 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 this medication since at least 04/10/2014. The treater states the patient demonstrates "increased activity and functionality on opiate therapy," manageable side effects and without misuse or diversion. Opiate agreement is signed and random urine drug screens are performed to monitor compliance. Each progress report indicates the patient's pain relief from current medication regimen but only general statements are provided. No specific ADL's are discussed to show significant change, and no return to work or work status changes are attributed to the use of this medication. No outcome measures are provided to show exactly how medications are used and with what effect. Validated instruments are not used. Urine drug screen dates are not provided and no CURES report mentioned for appropriate opiates management. The treater only provide generic statements regarding pain and function. MTUS requires not only analgesia but documentation of ADLs and specific functional changes. Given the lack of sufficient documentation demonstrating the efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS. Treatment is not medically necessary and appropriate.

**Cognitive behavioral therapy with [REDACTED] PhD:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** This patient presents with chronic pain and complaints of depression. The treater is requesting 6 sessions of cognitive behavioral therapy. It was noted the patient has "completed an FRP at [REDACTED] HELP program without help." The dates of the program are not provided. For cognitive behavioral therapy, the MTUS Guidelines 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. Psychotherapy treatment history is not provided in the medical file. Utilization review indicates that the patient has participated in previous psychological treatment, but the number of sessions received was not reported. In this

case, the treater does not provide documentation of functional improvement from prior sessions to consider additional treatment. Treatment is not medically necessary and appropriate.