MAXIMUS Federal Services

Case Number:	CM14-0180790		
Date Assigned:	11/05/2014	Date of Injury:	02/18/2009
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 Psychiatry 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:

Injured worker is a 46 year old male with date of injury 12/18/2009. Date of the UR decision was 10/21/2014. He suffered lumbar strain while performing customary work duties. Per report dated 11/13/2013 he was diagnosed with probable mild neurocognitive disorder, Panic disorder, Generalized Anxiety disorder, Major Depressive Disorder, single episode, severe; Somatic symptoms disorder with predominant pain; Insomnia disorder; Opioid dependence, severe; Binge eating disorder; Male hypoactive sexual desire disorder; and probable avoidant personality disorder. Per report dated 2/20/2014, injured worker presented with depression, anxiety, irritability, low back pain radiating to left leg with numbness and tingling. It was suggested that he had worsening depression and generalized anxiety and was being prescribed Lorazepam and Buspirone. Per report dated 7/23/2014, his back pain was stable on medications. He was being prescribed Norco 10/325 mg for pain due to lumbar disc displacement without myelopathy and lumbosacral neuritis or radicultis. Per report dated 10/22/2014, MRI of lumbar spine revealed edema on L4-L5 with an extruded disc fragment traveling caudally affecting the L4 transverse nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT X6 MORE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended.The identification and reinforcement of coping skills is often moreuseful in the treatment of pain than ongoing medication or therapy,which could lead to psychological or physical dependence.ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic painrecommends screening for patients with risk factors for delayedrecovery, including fear avoidance beliefs. Initial therapy for these"at risk" patients should be physical medicine for exerciseinstruction, using cognitive motivational approach to physicalmedicine. Consider separate psychotherapy CBT referral after 4 weeksif lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to6-10 visits over 5-6 weeks (individual sessions)Upon review of the submitted documentation, it is revealed that theinjured worker has had 6 CBT sessions. The guidelines recommend total of up to6-10 visits. The request for 6 more sessions of CBT would add up to greater than the maximum of 10 total visits recommended, and therefore is not medically necessary.

NORCO 10/325MG #180: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chronic Pain Medical Treatment Guidelines , Opioids, p78, 93 Official Disability Guidelines (ODG); Short-acting opioids, page 75, 91

Decision rationale: Guidelines noted above state "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours"Hydrocodone/Acetaminophen (Norco): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day).The 10/16/14 progress report from the PTP noted his pain is reduced from 8/10 t 6/10 with Norco, and it allows him to function and perform ADLs. The PTP has documented in the same note that ambulating without lancinating sciatica pain is a specific example of improved function afforded by Norco. Yearly CURES reports and UDS have been appropriate per PTP. Review of the AME/QME reports reveals that multiple visit notes over multiple years do not document any aberrant behavior. The MTUS considers a number of domains for establishing medical necessity for the use of opiates. Function and safety are chief among them. The prescription of Norco satisfies both these domains and is thus medically necessary.