

<b>Case Number:</b>	CM14-0033398		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/06/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Psychiatry, Neurology and Addiction Medicine, has a subspecialty in Geriatric Psychology 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:

Records reviewed include 192 pages of medical and administrative records. The injured worker is a 58 year old female whose date of injury is 07/06/10. She was asked to lift a heavy bag onto a shopping cart and felt a pop in her lower back followed by immediate pain. Her psychiatric diagnosis is depression secondary to lumbar fusion resulting in pain dysfunction. After her injury she was treated conservatively with medications, physical therapy, epidural injections, and activity modification. Her pain and radiculopathy worsened, with onset of foot and leg weakness, and surgical intervention was recommended. She underwent lumbar fusion on 05/09/12 by [REDACTED]. Follow up scans showed that fusion was still in progress and that she may have pseudoarthritis as there was an area within the case that had not completely filled in yet. Per his report of 02/06/14, the patient sustained several falls, continued to have radiculopathy, but was overall improving. [REDACTED] noted that she suffered from depression, insomnia, sexual dysfunction, anxiety, and episodic urinary incontinence. At this time she was on Percocet 5/325mg, 1 every 8 hours as needed for severe pain, as well as Norco. He documented that the patient had reduced her intake of this medication but still required some degree of pain medication. A 03/27/14 spine follow up progress report reiterated the same information. She was administered the Oswestry Disability Index (ODI) Score, Neck Disability Index (NDI), and Zung Depression Questionnaire Scale. No numeric scores were provided. The exam showed gait improved, Waddell signs negative, sacroiliac joints tender bilaterally to palpation, FABER positive bilaterally, indicating sacroiliitis. Included in diagnoses were depression, anxiety, insomnia, and sexual dysfunction as in basically all of his reports. No further description of these symptoms is given. Medications included Norco, Percocet was discontinued, Ditropan, and Cymbalta 60mg, daily prn for neuropathic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology Consultation:** 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  
Psychological Evaluations Page(s): 10-11 OF 127.

**Decision rationale:** Per CA-MTUS psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. Other studies and reviews support these theories. In a large RCT (randomized controlled trial) the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. The patient was treated conservatively after her industrial injury then underwent lumbar fusion surgery on 05/09/12. Orthopedically she appears to have been slowly improving since that time, however reports by [REDACTED] all show that the patient suffered from depression, anxiety, sexual dysfunction, and insomnia. He also documents in these reports that the patient was administered several scales, including the Zung Depression Questionnaire, however there are no scores with which to evaluate the patient's ratings over time. In addition, there are no further subjective or objective descriptions of the patient's symptomatology of her anxiety/depression/insomnia etc. and their effect on her daily life. This request is therefore noncertified.

**Percocet 5/325mg, #120 (prescribed 2/6/14):** 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 Opioids for Chronic Back Pain Page(s): 80 of 127.

**Decision rationale:** Per CA-MTUS, opioid medications for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. This patient was treated conservatively after her industrial injury then underwent lumbar fusion surgery on 05/09/12. Orthopedically she appears to have been slowly improving since that time. Scans showed that fusion was still in progress and that she may have pseudoarthritis as there was an area within the case that had not completely filled in yet. She continued to complain of radiculopathy. In terms of pain management as of the last report provided for review she had been prescribed Norco and her Percocet was discontinued as of doctor report of 03/27/14. The patient herself had reduced her intake of Percocet. There are no clear reasons given for the request for authorization for Percocet, especially in light of the fact that she receives refills of Norco. There is no evidence to suggest that her pain is of a severity that she requires the use of two opioid pain medications on a simultaneous basis. This request is therefore noncertified.