

Case Number:	CM14-0034123		
Date Assigned:	03/21/2014	Date of Injury:	12/22/2011
Decision Date:	04/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

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 Family Practice and is licensed to practice in Texas. 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 45-year-old male who reported an injury on 11/22/2011. The mechanism of injury was noted to be the patient fell from a ladder. The documentation of 03/17/2014 revealed the patient was taking the medications of temazepam, Lantus, and Percocet, and medical THC. The patient's diagnoses included failed back surgery syndrome, lumbar post laminectomy syndrome, lumbar radiculopathy, neuropathic pain, central disc protrusion, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar sprain/strain, and diabetes mellitus type 2. The physician was requesting Percocet as the patient had 60% improvement of pain with maintenance of daily activities of living such as self-care and dressing. The patient was up to date on a pain contract, his previous urine drug screens were consistent, and the patient suffered no adverse reactions. The patient displayed no signs of misuse or abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY, 7 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

Decision rationale: California MTUS Guidelines indicate that cognitive behavioral therapy is an option for patients with chronic pain. There should be an initial trial of 3 to 4 psychotherapy visits once the patient lacked progress from physical medicine alone. With objective functional improvement, there could be a total of up to 6 to 10 visits over 5 to 6 weeks. The clinical documentation submitted for review failed to provide documentation indicating the patient had signs or symptoms that would necessitate psychotherapy. The request as submitted would be excessive. The note provided for review was dated 03/17/2014 and revealed no complaints psychologically. Given the above, the request for Psychotherapy, 8 Visits is not medically necessary.

PERCOCET 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had an objective improvement in function, however there were no specific tasks mentioned that the patient was able to do as a result of the medication usage. There was documentation the patient had a decrease of pain by 60%, however, there a lack of documentation of an objective decrease in the VAS score. There was a lack of documentation indicating the duration the patient had been on the medication as the note that was provided was from 03/17/2014. There was no DWC Form RFA or PR-2 submitted to provide the original request. Given the above, the request for Percocet 10/325MG, #120 is not medically necessary.