

Case Number:	CM14-0054347		
Date Assigned:	07/07/2014	Date of Injury:	10/04/2001
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 56-year-old male who has submitted a claim for epidural fibrosis with occlusion of the nerve roots at L3-4 and L4-5 causing bilateral sciatica improved status post epidural injection, bilateral lumbar L3-S1 distribution radicular pain status post anterior L5-S1 fusion at L3-4 and L4-5 disc replacement surgery, muscle guarding pain, coccydynia, insomnia secondary to pain, opioid dependent chronic pain, severe constipation from opioids, depression associated from an industrial injury date of October 4, 2001. Medical records from 2013-2014 were reviewed, the latest of which was dated July 24, 2014 revealed that functioning are all improved with the pain medications and new prescription is desired. The psychiatrist who saw the patient concluded that he suffered industrial psyche injury causing major depressive episode that required treatment on an industrial basis. On physical examination, the patient is sitting uncomfortably listing to the right. Mood is depressed; affect is angry. There is 2+ spasm from upper thoracic to lower lumbar paraspinals. There is limitation in range of motion of the lumbar spine with flexion to mid thighs, extension to approximately 10 degrees, and right and left lateral flexion to approximately 10 degrees. Straight leg raise test is positive bilateral at 30 degrees. Motor examination revealed 4-/5 weakness in the ankle dorsiflexion, bilateral great toe extension, and left quadriceps; 4/5 in the right quadriceps. There is decreased sensation along the dorsal, lateral and anterolateral leg in S1-L4 distribution, left more than the right. Patient arises to stand with difficulty. Gait is antalgic towards the left with decreased hip abduction and ankle movement. Treatment to date has included L5-S1 posterior fusion (8/2007), lumbar epidural steroid injections (8/5/13), acupuncture, and medications, which include Kadian, Gralise, Neurontin, Cymbalta, Ambien and Nucynta. Utilization review from March 27, 2014 modified the request for Kadian 50mg every 8 hours #90 to Kadian 50mg 1 tablet twice a day on 12 hourly basis #60 without any refill to be within the upper most acceptable limit recommended by the

guidelines, and modified the request for psychiatric evaluation and treatment for 6 visits to psychological evaluation only because guidelines recommend psychological evaluation prior to treatment for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 50mg every 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on Kadian since August 2013 for pain control. There was documentation of recent pain relief and functional improvement with Kadian use. Also, the urine drug screening done on April 2013 is consistent with prescribed drugs. However, the patient has an ongoing opioid dependence for pain control, with noted side effect of severe constipation. Moreover, the quantity requested exceeds guidelines limit of 120mg morphine sulfate equivalence. There is no discussion to support the need for continuation of opioid use. Therefore, the request for Kadian 50mg every 8 hours #90 is not medically necessary.

Psychiatric evaluation and treatment X 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; Psychological Consult and Treatment Page(s): 100-101.

Decision rationale: As stated on pages 100-101 of the CA MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended and 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. In addition, guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). An initial trial of 4 psychotherapy visits is recommended. An undated qualified medical evaluator (QME) psychiatry report concluded that the patient suffered industrial psyche injury causing major depressive episode that required treatment. In the progress note dated June 11, 2014, the patient has been receiving unspecified psyche treatment. However, the number of visits and outcome is

unknown due to lack of documentation. There are inconsistencies in the documents submitted as to whether the patient had a psychiatric evaluation and has been receiving psychiatric treatment. The medical necessity for psychiatric evaluation and treatment was not established. Therefore, the request for psychiatric evaluation and treatment for 6 visits is not medically necessary.