

Case Number:	CM14-0098086		
Date Assigned:	07/28/2014	Date of Injury:	09/08/2010
Decision Date:	10/30/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier epidural steroid injection therapy; earlier lumbar decompression surgery at L5 in 2011; a spinal cord stimulator implantation; at least 20 sessions of cognitive behavioral therapy, per the claims administrator; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 17, 2014, the claims administrator failed to approve a request for a follow-up visit with psychologist, denied a request for cognitive behavioral therapy, denied a request for Norco, approved a request for Cymbalta, and denied a topical compounded cream, approved a request for gabapentin, and denied a request for Flexeril. The claims administrator suggested that the applicant had not profited with earlier cognitive behavioral therapy/psychotherapy. In a July 17, 2014 progress note, the applicant was described as permanent and stationary. It was suggested that the applicant was not working with permanent limitations in place. Twelve sessions of psychotherapy/cognitive behavioral therapy, a follow-up psychological visit, Norco, and Cymbalta were endorsed. Little to no clinical information was provided on this note, which appeared to be skeletal in some kind. In an earlier note dated May 29, 2014, the applicant reported persistent complaints of low back pain. The applicant stated that her spinal cord stimulator was managing her pain to some extent. Highly variable pain ranging from 3-10/10 was noted. The applicant was using gabapentin three to four times a day, it was suggested, Flexeril intermittently, and Cymbalta daily. The applicant stated that she was unable to drive with the spinal cord stimulator on. Cramping about the feet was noted. Multiple medications were renewed, including Neurontin, Cymbalta, Norco, and a topical compounded medication. Additional cognitive behavioral therapy was sought. The attending provider

suggested that the applicant had done well with the same insofar as her anxiety and depression were concerned but did not elaborate further. The applicant's work status was not furnished. The applicant posited that her pain complaints were always worsened with activity and improved with medications. The applicant stated that pain was limiting her ability to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with psychologist.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Health Indications: Official Disability Guidelines: Mental Health

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: 1. No, the request for a followup visit with a psychologist is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 398 notes that issues with work stress and/or person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional, ACOEM Chapter 15, page 398 qualifies its position by noting that applicants with more serious conditions may need a referral to a psychologist for medicine therapy. In this case, the applicant is off of work. The treating provider has failed to outline any material improvements in function, such as improved work status, through the 20 earlier sessions of psychotherapy/office visits with a psychologist. Ongoing psychotherapy has failed to curtail the applicant's dependence on psychotropic medications such as Cymbalta, it is further noted. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior talk therapy with a psychologist. Therefore, the request for a followup visit with the applicant's psychologist is not medically necessary.

Additional CBT (cognitive behavioral therapy) times twelve.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain medical Treatment Guidelines: Behavioral Intervention. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Health Guidelines CBT (cognitive behavioral therapy for Chronic Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 405.

Decision rationale: 2. Similarly, the request for additional cognitive behavioral therapy is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does note that cognitive therapy can be problem-focused, with strategies intended to alter an applicant's perception of stress, or emotion-focussed

with strategies intended to alter an applicant's response to stress, ACOEM qualifies this position by noting in Chapter 15, page 405 that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant is seemingly off of work, although it is acknowledged that this may be owing to medical issues/chronic pain issues as opposed to a function of the applicant's mental health issues alone. Earlier cognitive behavioral therapy has failed to curtail the applicant's dependence on psychotropic medications. The attending provider has failed to outline any meaningful improvements in mood or function achieved as a result of the earlier cognitive behavioral therapy, including the 20 sessions already completed in 2014 alone. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite prior cognitive behavioral therapy. Therefore, the request for additional cognitive behavioral therapy is not medically necessary.

Norco 10/325mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Hydrocodone/acteminophe.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: 3. Similarly, the request for Norco, a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider has stated that the applicant's pain complaints have been diminished with medication consumption, the attending provider has failed to quantify any such decrements in pain. Similarly, the attending provider has failed to outline any material improvements in function achieved as a result of ongoing Norco usage. If anything, the progress notes on file suggested that the applicant is having difficulty performing activities of daily living owing to various pain complaints. All of the above, taken together, does not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.

BCLG compound pain cream.: 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: 4. The BCLG topical compounded pain cream is likewise not medically necessary, not appropriate, or indicated here. Two of the ingredients in the compound are baclofen and gabapentin. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither baclofen or gabapentin are recommended for topical compound

formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of oral anticonvulsants and adjuvant medications such as gabapentin and Cymbalta largely obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compound at issue. Therefore, the request is not medically necessary.

Flexeril 10mg, with two refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

Decision rationale: 5. Finally, the request for Flexeril (cyclobenzaprine) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.