

Case Number:	CM14-0195948		
Date Assigned:	12/03/2014	Date of Injury:	07/23/2001
Decision Date:	01/16/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 44 year-old female with a date of injury of July 23, 2001. The patient's industrially related diagnoses include major depression, post-traumatic stress disorder, fibromyalgia, and migraines. The disputed issues are Buspar 30mg #30, Norco 10/325mg #120, Rozerem 8mg #30, 12 physical therapy sessions, and unknown psychotherapy treatments. A utilization review determination on 11/13/2014 had non-certified these requests. The stated rationale for the denial of Buspar was: "Although the guidelines recommended this medication for the treatment of anxiety, the progress notes revealed that the patient has been prescribed this medication since 2012 and continues to report significant anxiety, depression, post-traumatic stress, insomnia, and pain. It does not appear that this medication has resulted in any significant improvement for this patient. Therefore, weaning and discontinuation is recommended." The stated rationale for the denial of Norco was: "The guidelines do not recommended continued use of an opioid medication without evidence of pain relief and functional improvement. The patient has been prescribed this medication for the past several months with no evidence of pain relief or functional improvement. Therefore, weaning and discontinuation is recommended." The stated rationale for the denial of Rozerem was: "Proceeding with the request for Rozerem is not appropriate. The guidelines only recommend use of this medication for up to 10 days. The progress notes indicated that the patient has been taking this medication for several months with no improvement in insomnia. In fact, the progress notes reported that sleep remained poor despite the use of this medication." The stated rationale for the denial of physical therapy was: "The patient has completed 18 physical therapy sessions within the past 12 months and continues to report chronic pain, poor sleep, limited ability to work in her home and requires help, and she also reported that progress with physical therapy was has been slow. Taking into consideration the recommendations of guidelines, as well as the lack of subjective improvement or measurable

functional improvement, it does not appear that additional therapy is necessary." Lastly, the stated rationale for the denial of psychotherapy was: "The guidelines recommend a total of 20 psychotherapy sessions when initial psychotherapy sessions have resulted in objective functional improvement. According to the progress notes, the patient has completed 21 sessions of psychotherapy and the provider has reported that psychotherapy sessions have been helping her and have been necessary in helping her cope with her present situation, her mood, and her pain; however, there is no evidence of objective functional improvement in the progress notes over the past five months, despite repeated requests for this information. Therefore, it does not appear appropriate to proceed with the request for additional psychotherapy sessions."

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 30mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety medications in chronic pain

Decision rationale: Regarding the request for Buspar (Buspirone), California MTUS and ACOEM do not contain criteria for the use of Buspirone. ODG states that many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs), are considered first-line agents in the treatment of most forms of anxiety. Other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs. Within the documentation available for review, there was indication that the injured worker failed other antidepressants such as Effexor XR and was taking another first-line agent, Nortriptyline, which was discontinued due to lack of coverage. The documentation indicates that the injured worker has been on Buspar since at least 2008. In the most recent progress reports, while the depression was noted to be better at times and worse at other times, the requesting provider documented that the injured worker's mood remained consistently somewhat anxious on physical examination. Based on the guidelines, the currently requested Buspar is medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. The DEA has

reclassified Norco as of October 6, 2014 as a Schedule II Controlled medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there was no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). The documentation indicates that the injured worker continues to suffer with severe headaches, and pain and she is able to do limited work in her home and has required help. Furthermore, there was no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Furthermore, the last saliva drug screen done on 10/30/2014 was negative for opiates. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325mg #120 is not medically necessary.

Rozerem 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics

Decision rationale: Regarding the request for Rozerem, California MTUS guidelines are silent regarding the use of this sleep agent. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Specifically regarding Rozerem, the guidelines go on to state that Rozerem is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset. One systematic review concluded that there is evidence to support the short-term and long-term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. Within the documentation available for review, there was documentation that although the injured worker takes Rozerem 8mg nightly, she reports that her sleep has continued to be poor with middle insomnia with intrusive recollections of her traumatic events. Furthermore, there is no indication that Rozerem is being used for short-term use as recommended by guidelines. Based the lack of effectiveness documented in the medical records, the currently requested Rozerem is not medically necessary.

12 Physical Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it was noted that the injured worker completed 18 sessions of physician therapy, but there was limited documentation indicating objective functional improvement from previous treatment. The requesting provider noted in a letter dated 11/6/2014 that PT was helping improve the injured worker's function and activity but did not provide specific examples to indicate objective functional improvement. Furthermore, there was no statement indicating treatment goals or why an independent program of home exercise would be insufficient to address any objective deficits. Lastly, the request for 12 sessions exceeds the amount of PT recommended by the CA MTUS for the injured worker's diagnosis and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.

Unknown Psychotherapy Treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions

Decision rationale: Regarding the request for additional psychotherapy sessions, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states that behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears the injured worker has undergone previous psychological treatments and continues to see her psychotherapist every 2 weeks. However, there was no documentation of objective functional improvement or improvement in the injured worker's psychological symptoms as a result of the sessions already authorized. While the requesting provider indicated that psychotherapy has helped the injured worker cope with her present situation, her mood, and her pain, there was no evidence of objective functional improvement in the progress notes. Additionally, there is no documentation indicating what additional treatment goals may remain following the sessions already provided

and the amount of sessions requested was not specified. In the absence of clarity regarding these issues, the currently requested unknown psychotherapy treatment is not medically necessary.