

Case Number:	CM14-0201654		
Date Assigned:	12/11/2014	Date of Injury:	09/14/2013
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 47 year-old male with a date of injury of September 14, 2013. The patient's industrially related diagnoses include lumbar disc disorder with myelopathy, thoracic disc with myelopathy, myofascial pain syndrome, and cervical disc disorder. The injured worker had an MRI of the cervical spine on 10/29/2013 that showed a large disc protrusion at C5-6 to the right. An MRI of the lumbar spine was done 9/26/13 that showed broad disc protrusion about the traversing L5 nerve root. The injured worker also had EMG/NCV on 2/10/2014, which was abnormal due to denervation of right L5-S1 muscles consistent with right L5-S1 radiculopathy. The disputed issues are pain management counseling for 6 weeks and a prescription for Norco 10/325mg #90. A utilization review determination on 10/30/2014 modified the request for Norco to #45 tablets and non-certified the request for pain management counseling. The stated rationale for the denial of the pain management counseling was: "It does not appear the patient is a candidate for this referral. Although, he was depressed with delayed recovery, and denied recent active therapy, guidelines only support referral after a lack of progress from physical medicine alone. Records indicated the patient has been treated with several modalities. Based on the lack of support from evidence-based guidelines, the prospective request for 6 weekly management counseling sessions is non-certified." The stated rationale for the modification of Norco to only #45 tablets was: "After a review of clinical findings and documentation submitted, it appears Norco is medically necessary. Prior documentation indicated on 9/24/2014, the provider increased the dosage to improve the persistent pain and limited function. Given the short time since the dosage was increased, a refill is appropriate to provide adequate time for the provider to assess clinical efficacy. The most recent certification for this was a request for #90 that was modified to #45 due to the trial with an increased dosage. Therefore, the prospective request for

1 prescription of Norco 10/325mg #90 is certified with modification to 1 prescription Norco 10/325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 weekly pain management counseling sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for 6 weekly pain management counseling sessions, Chronic Pain Medical Treatment Guidelines state that 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 pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the 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 not had previous psychological visits. The treating physician documented in the medical report dated 9/24/2014 that the injured worker presented with depressive symptoms, was developing chronic pain with delayed recovery, and was not sleeping well. On physical exam, the injured worker was noted to appear depressed. Additionally, there was documentation indicating treatment goals of helping the injured worker cope with his injury and pain. The UR denied the request because guidelines only support referral after a lack of progress from physical medicine alone. However, the treating physician noted that the injured worker had not improved with PT x 6. In the case of this injured worker, counseling is an option. However, the request exceeds the amount of initial psychotherapy visits recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. Based on the guidelines, the currently requested 6 weekly pain management counseling sessions is not medically necessary.

Norco 10/325mg #90: Upheld

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

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

Decision rationale: Regarding the request for Norco 10/325mg (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, the treating physician noted that the injured worker was taking Norco 7.5/325mg q4h from another provider and changed the medication to Norco 10/325mg and stated that he decreased the quantity to #90. However, the previous medical records indicate that the injured worker received prescriptions for Norco 7.5/325mg Qty #60 on a monthly basis. Therefore, the request is not for a decrease in quantity as the prescribing physician indicated. Furthermore, there was no indication that the medication was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no documentation regarding side effects. In agreement with the initial UR determination on 10/10/2014, it appears reasonable to trial an increased dose of Norco (from 7.5/325mg to 10/325mg) to assess for improvement in function and reduction in pain since the lower dose did not provide those benefits. However, the guidelines recommended follow up visits every two weeks in the trial phase and the quantity prescribed exceeds the two-week supply recommended by the guidelines. Furthermore, the documentation indicates the provider intended to decrease the quantity of the prescription. Unfortunately, there is no provision to modify the current request for a smaller qty. In light of the above issues, the currently requested Norco 10/325mg #90 as it was prescribed is not medically necessary.