

Case Number:	CM14-0204954		
Date Assigned:	12/17/2014	Date of Injury:	02/14/2014
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 50 year-old male with a date of injury of February 14, 2014. The patient's industrially related diagnoses include lumbar sprain/strain, cervical strain, depression, L2-L3 and L3-L4 stenosis, and left lumbar radiculopathy. MRI of the L/S dated 6/25/2014 revealed mild to moderate acquired central canal stenosis at L2-L3, L3-L4, and L4-L5 due to facet degenerative hypertrophy, ligament flavum hypertrophy, and mild annular bulges, focal central annular fiber rupture in midline at L2-L3 and L3-L4. The disputed issues are on-going treatment by a psychologist, on-going treatment by a psychiatrist, pain management consultation, and Norco 10/325mg #100. A utilization review determination on 11/5/2014 had non-certified these requests. The stated rationale for the denial of Norco was: "The claimant reports that the pain is so intense that the claimant attempted suicide last week. However, there is no evidence of objective functional benefit with prior use of medication. General toxicology report-laboratory dated 10/17/2014 indicates negative for all drugs tested when the claimant was being prescribed Norco. There is no documentation of risk assessment profile and an updated and signed pain contract between the provider and claimant. Due to the documentation of severe pain, partial certification of Norco 10/325mg #60 is recommended. In order for this medication to be considered for certification on subsequent review, evidences of objective functional benefit with prior use of medication, documentation of current compliant urine drug screen, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant, as well as medical necessity will be required. The stated rationale for the denial of pain management consultation was: "In this case, the claimant has complaints of persistent low back pain and clinical deficits on exam, and the MRI shows disc pathology at L2-L3, L3-L4, and L4-L5 levels. However, the claimant is currently approved for acupuncture and chiropractic therapy to address the ongoing pain and deficits. Pending the claimant's response to

these conservative treatments, the medical necessity of pain management consultation for epidural steroid injection is not evident at this time." The stated rationale for the denial of ongoing treatment with psychologist was: "In this case, the claimant is reported to have severe low back pain with deficits on exam. The claimant also has depression due to pain. The claimant was recently released from a behavioral health center. However, there is no clear discussion in the submitted medical records about the previous psychological treatment provided and whether there was any objective functional improvement with the prior care. Without this information, the medical necessity is not established." Lastly, the stated rationale for the denial of ongoing treatment with psychiatrist was: "In this case, the submitted medical reports reflect that the claimant has severe pain complaints and depression due to pain. It is noted that the pain was so intense that the claimant attempted suicide last week. Since the claimant has significant psychological issues, a consultation with a psychiatrist for evaluation is reasonable. However, pending results from this evaluation with review of the recommendations for further care, the medical necessity of ongoing psychiatrist treatment is not established at this time. Recommend partial certification for consultation with psychiatrist x1 office visit."

IMR ISSUES, DECISIONS AND RATIONALES

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

On-going Treatment by a Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Procedure Summary last updated (06/12/2014), 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: 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." In the progress report dated 10/17/2014, the treating physician indicated that the injured worker had been both depressed and discouraged about his ongoing pain and lack of treatment. He was diagnosed with major depressive disorder as a consequence of his industrial injury and the report indicated that he tried to commit suicide 1 week prior to the visit. Therefore he requested ongoing treatment with a psychologist and for psychiatric treatment. However, there was no documentation in the medical records available for review of objective functional improvement or improvement in the injured worker's psychological symptoms as a result of the sessions completed, and the number

of sessions that the injured worker underwent was not indicated. Furthermore, this is a general request for ongoing psychological treatment without indication of the specific number of sessions requested. In the absence of documentation regarding these issues, the currently requested ongoing treatment with a psychologist is not medically necessary.

On-going Treatment by a Psychiatrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: Regarding the request for ongoing treatment with a psychiatrist for the diagnosis of depression, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Specialty consultation with a psychiatrist is appropriate to aid in the prognosis and therapeutic management, and the utilization review determination did recommend modification of the request to consultation only. However, a non-specific request for ongoing treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the psychiatric consultation and the specific treatment being requested at that time. In light of the above issues, the currently requested referral for ongoing psychiatric treatment is not medically necessary. The request is not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary last updated 08/22/2014, Evaluation & Management (E&M)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter. 127

Decision rationale: Regarding the request for referral to pain management for consultation, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In the progress report dated 10/17/2014, the treating physician referred the injured worker for a pain management consultation for consideration of epidural at L2-L3 and L3-4 in an attempt to avoid surgery. The treating physician indicated that the injured worker had ongoing back pain and lumbar radiculopathy and has not improved despite 6 months of conservative treatment which included physical therapy. The rationale for a consultation with pain management is appropriate for evaluation of the ongoing symptoms and to aid in the therapeutic management, such as injections if the injured

worker is a candidate. Based on the documentation, the requested pain management consultation is medically necessary.

Norco 10/325mg #100: Upheld

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

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. 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. Furthermore, the DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed, and closer monitoring is encouraged. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. In the progress report dated 10/17/2014, the treating physician indicated that the injured worker was taking Norco (hydrocodone-APAP 5/325mg) but 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). The injured worker reported pain level of 10/10. There was no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation that the injured worker signed an opioid agreement, and although the treating physician noted that a CURES report would be obtained to confirm the medication use, there was no discussion regarding the results of the CURES report. Without documentation of partial analgesia (pain relief or improvement in functional level) with the use of the current dose of Norco and without risk stratification of potential aberrant drug taking behavior, an increase in the dose to Norco 10/325mg is not supported by the guidelines. 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 #90 is not medically necessary.