

Case Number:	CM15-0109245		
Date Assigned:	06/15/2015	Date of Injury:	06/11/2012
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 6/11/12. The injured worker has complaints of lower back pain that radiates into the right hip and down the right lowers extremity with complaints of anxiety and depression. The documentation noted that there is palpable tenderness of the paracertebral muscles, bilaterally. The diagnoses have included status post L4 laminotomy, right L5 hemilaminectomy, S1 (sacroiliac) laminotomy; L4-S1 (sacroiliac) disc degeneration; L4-S1 (sacroiliac) stenosis and right leg radiculopathy. Treatment to date has included norco; restoril; lyrica and ativan; computerized tomography (CT) scan of the lumbar spine showed moderately severe disc height loss L4-5 with moderate stenosis, no fracture and no instability; magnetic resonance imaging (MRI) of the lumbar spine on 4/16/14 showed moderately severe disc height loss at L4-d, annular tear at L3-4, moderate lateral recess narrowing at L4-5 and there appears to be a possible disc extrusion at L5-S1 (sacroiliac) with a prior hemilaminectomy; lumbar spine X-rays on 5/5/14 showed moderately severe disc height loss at L4-5 and mild at L5-S1 (sacroiliac); lumbar spine magnetic resonance imaging (MRI) of 11/6/14 showed multilevel post-surgical changes from L3-4 through L5-S1 (sacroiliac); right hip X-rays on 3/24/15 showed central joint space narrowing of the right hip; norco; lyrica; restoril and ativan. The request was for psychological consultation; norco 10/325mg #120 and Ativan 0.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: According to the 5/5/15 physician progress note, the worker has increasing complaints of anxiety and depression. Consultation with a psychologist is requested to address causation. According to the MTUS, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes addressing co-morbid mood disorders such as depression and anxiety. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. There is no indication that this worker has had previous evaluation by a psychologist. It is necessary to have the consultation to establish the appropriate diagnosis, address underlying etiology, and provide appropriate therapy.

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker had not returned to work and there was no documentation of any improvement in function. There was also inadequate measurement of pain in response to Norco in the medical record. The 5/5/15 physician progress note does not address pain or function in response to Norco. The presence of absence of side effects or aberrant use of medication is not discussed. 3 months prior to that, the 2/7/15 physician progress note provides a scaled measurement of pain with and without medications in general but there is no specific discussion of the response to Norco. It is stated her pain is not well controlled with Norco. Functional ability in response to Norco is not discussed. Side effects are not discussed. Norco was increased to 4 times a day at that visit.

The discussion portion of the 12/2/14 note states there is increased activities of daily living with the use of medications but those activities are not described. There was also no reference to ADL's in the subjective portion of the 12/2/14 progress note.

Ativan .5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 5/5/15 physician progress note, the worker is already on the benzodiazepine, Restoril. Ativan is prescribed at the same visit for anxiety and depression. Ativan is a benzodiazepine. According to the MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Long-term use may actually increase anxiety. Furthermore, an anti-depressant is a better choice for anxiety and in this case in particular since the worker has complaints of both depression and anxiety. Ativan is not medically necessary in this case since this worker has already been on a benzodiazepine greater than 4 weeks and is not the appropriate choice for anxiety and depression.