

Case Number:	CM15-0166516		
Date Assigned:	09/04/2015	Date of Injury:	05/30/2007
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male who sustained a work related injury May 30, 2007. According to a primary treating physician's progress report, dated July 28, 2015, the injured worker presented with back pain, rated 8 out of 10, and just took Percocet and ibuprofen. He bought a tilt table which has helped with the back pain, but did too much stretching and twisting and likely caused a flare-up. He uses a cane as his right leg gives out at times. His right hip has been bothering him and previously found trigger point injections helpful. He reports performing home exercise, uses a Pilates ball, treadmill and elliptical daily preparing for his job as an [REDACTED] driver. He continues with psychiatric care. Current medication included ThermaCare heat pads, ibuprofen, Paxil, Klonopin, Percocet, Seroquel, medicinal marijuana, and Prilosec. On examination; 5'5" and 155 pounds; antalgic gait; lumbar spine tight muscle band and trigger point right and left with twitch response, right greater than left. Diagnoses are lumbar or lumbosacral disc degeneration; abnormal loss of weight; lumbago. Treatment plan included two trigger point injections with lidocaine and Marcaine, schedule behavioral health and address right hip next visit. At issue, is the request for authorization for 8 psychotherapy sessions and Percocet. A behavioral medicine report, dated August 11, 2015, found the injured worker reporting severe depressed levels; sleeping difficulties, lack of appetite, and isolation, anxiety and anger. A discussion was had over the importance of practicing self-soothing techniques while he continues to experience withdrawals from medication. Practice was performed; mindful deep breathing, using aromatherapy and sound therapy. Diagnoses are major depressive disorder, single episode, severe; panic disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325 mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 07/28/15 with back pain rated 8/10 without medications, 5/10 with medications. The patient's date of injury is 05/30/07. Patient has no documented surgical history directed at this complaint. The request is for PERCOCET 7.5/325MG #120 WITH 2 REFILLS. The RFA is dated 07/28/15. Physical examination dated 07/28/15 reveals tenderness to palpation of the lumbar paraspinal muscles, with multiple trigger points noted (right greater than left). The patient is currently prescribed ThermaCare pads, Ibuprofen, Paxil, Klonopin, Percocet, Seroquel, medicinal Marijuana, and Prilosec. Patient is currently working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy" and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Percocet for the management of this patient's chronic pain, the request is not supported per MTUS. Guidelines require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Per progress note dated 07/28/15 the provider does include documentation of analgesia noting that this patient's pain is 8/10 without medications, 5/10 without. The physician also notes that this patient has returned to work which constitutes functional improvement. There is consistent urine drug screening to date, and a lack of aberrant behavior. In this case, the MTUS documentation criteria have been satisfied. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed narcotic medications since at least 12/30/14. Without evidence of an existing condition which could cause nociceptive pain (such as cancer),

continuation of this medication cannot be substantiated and the patient should be weaned. The request IS NOT medically necessary.

8 psychotherapy sessions: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Cognitive Therapy for Depression.

Decision rationale: The patient presents on 07/28/15 with back pain rated 8/10 without medications, 5/10 with medications. The patient's date of injury is 05/30/07. Patient has no documented surgical history directed at this complaint. The request is for 8 PSYCHOTHERAPY SESSIONS . The RFA is dated 07/28/15. Physical examination dated 07/28/15 reveals tenderness to palpation of the lumbar paraspinal muscles, with multiple trigger points noted (right greater than left). The patient is currently prescribed Thermacare pads, Ibuprofen, Paxil, Klonopin, Percocet, Seroquel, medicinal Marijuana, and Prilosec. Patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Intervention section, page 23 states the following: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." Official Disability Guidelines, Mental Illness and Stress chapter, under Cognitive Therapy for Depression states the following: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." In this case, the treater is requesting an additional 8 sessions of pain psychotherapy for this patient following 8 which were previously authorized (4 completed per progress notes). MTUS guidelines recommend psychotherapy as an alternative to medications or surgical intervention, while ODG allows for up to 50 sessions for those with concurrent diagnoses of depressive disorder, provided there are demonstrable benefits. Per UR appeal letter dated 09/09/15, the provider states the following: "He continues to have serious psychiatric comorbid [sic] which have been unresolved. All medial evidence indicates the aggressive concurrent treatment with CBT and pharmacotherapy for a patient with a history of suicidal ideation and attempt. The safety of this patient is compromised if left out of this treatment modality." Utilization review non-certified this request on the grounds that 8 sessions were already approved, therefore additional sessions were unnecessary. In this case, the patient has completed at least 4 of 8 authorized sessions with some documented benefits, such as the ability to better communicate anger and cope with chronic pain and depression. Official disability guidelines support up to 20 visits if progress is being made. The requested 8 sessions in addition to the 8 already authorized falls within these recommendations. Given the documentation of progress, and statements from the provider regarding this patient's significant ongoing psychiatric complaints, additional sessions are an appropriate measure. Therefore, the request IS medically necessary.