MAXIMUS Federal Services

Case Number:	CM15-0180670		
Date Assigned:	09/22/2015	Date of Injury:	04/29/2004
Decision Date:	11/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, California
Certification(s)/Specialty: Emergency Medicine

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 64 year old male, who sustained an industrial injury on 04-29-2004. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for neck sprain-strain, cervical disc degeneration, lumbar sprain-strain, degenerative lumbar disc, rotator cuff syndrome, and chronic pain syndrome. Treatment and diagnostics to date has included right shoulder surgery and medications. Current medications include Norco. In a progress note dated 08-05-2015, the injured worker reported head, neck, bilateral shoulder, and low back pain rated 10 out of 10 at time of visit with average pain level noted as 8 out of 10. Objective findings included tenderness to palpation to bilateral superior trapezius and cervical spine paraspinal muscles with myospasms present. The request for authorization dated 08-13-2015 requested acupuncture of the neck and bilateral shoulders, cognitive behavioral therapy evaluation, 4 sessions, and the request for authorization dated 08-14-2015 requested Norco 7.5-325mg #60 and Horizant 600mg #30. The Utilization Review with a decision date of 08-19-2015 non-certified the request for cognitive behavioral therapy evaluation and 4 sessions, Comprehensive Metabolic Panel (CMP), and Norco 7.5-325mg 1 tablet by mouth BID (twice daily) prn (as needed) #60 and modified the request for Norco 7.5-325mg #45 to Norco 7.5-325mg #23 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, Qty 4 sessions: Overturned

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): Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: behavioral therapy.

Decision rationale: As noted above, cognitive behavioral therapy is consistent within the guidelines and is recommended for this IW. According the above referenced ODG guideline, "ODG Psychotherapy Guidelines: 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." The request for 4 sessions falls within this guidelines. As such, the request for 4 cognitive behavior sessions is determined medically necessary.

CMP (comprehensive metabolic panel): 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 - NSAIDs specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, specific drug list & adverse effects.

Decision rationale: The requesting provider states requesting of cmp "considering chronic use of medications." The IW has been prescribed both NSAID and opiate treatment for a minimum of 6 months. Ca MTUS is silent with respect to blood testing related to these medications. According to the ODG reference outlines above, "FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The IW has been on this medication for more than 6 months. There are not previous blood tests included in the documentation reviewed. There are no subjective or objective findings to suggest diagnoses related to complete metabolic panel values. Without specific concerns and lack of guideline support, the request for a CMP is determined not medically necessary.

Norco 7.5/325 mg Qty 45, 1-2 tabs daily as needed: 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): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Included documentation does not include specific response to the ongoing use of this opiate medication. There is not toxicology report included in the record. Without the support of the guidelines or documentation of functional improvement from the ongoing treatment, the request for opiate analgesia is not medically necessary.

Cognitive Behavioral Therapy, Evaluation Qty 1: Overturned

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): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: behavioral therapy.

Decision rationale: The requesting provider submitted a request for cognitive behavior therapy for the purpose of "pain coping skills. Patient has been identified to have a high fear of re-injury, poor pain coping skills, and factors fir delayed recovery." According to Ca MTUS chronic pain guidelines, "Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post traumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective." The ODG reference cited above states, Recommended. Psychosocial variables have a potential role in delayed recovery and chronic pain. Risk Factors for delayed recovery include catastrophic thinking, fear-avoidance, and perceived injustice. 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. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). The documentation does not support the IW has previously have CBT. In the absence of previous treatment and in the setting of ongoing symptoms, the request for a cognitive behavior evaluation is considered medically necessary.

Norco 7.5/325 mg Qty 60, 1 tab by mouth 2 times daily: 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): Opioids for chronic pain, Opioids, dosing.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Included documentation does not include specific response to the ongoing use of this opiate medication. There is not toxicology report included in the record. Without the support of the guidelines or documentation of functional improvement from the ongoing treatment, the request for opiate analgesia is not medically necessary.