

Case Number:	CM15-0186188		
Date Assigned:	09/28/2015	Date of Injury:	12/23/2007
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old female with a date of injury on 12-23-2007. A review of the medical records indicates that the injured worker is undergoing treatment for L4-5 and L5-S1 moderately severe facet arthropathy, bilateral S1 radiculopathy, L4-5 and L5-S1 disc degeneration with L4-5 grade I spondylolisthesis, obesity with failed lap band and major depression with bi-polar disorder. Medical records (3-6-2015 to 8-31-2015) indicate ongoing neck pain rated 3 to 5 out of 10 with medications and 7 out of 10 without medication radiating into the trapezius with headaches. The injured worker complained of low back pain rated 4 to 7 out of 10 with medication and 7 to 10 out of 10 without medication radiating into the buttocks and bilateral hips with pain radiating down the anterior and posterior thighs through the shins and calves to her feet. She also complained of bilateral knee pain rated 3 to 5 out of 10 with medication and 4 to 7 out of 10 without medication. The injured worker reported ongoing difficulties with activities of daily living. According to the psychological evaluation dated 6-15-2015, the injured worker complained of pain throughout the whole body. She reported sadness, anxiety, worry, crying, hopelessness, concentration difficulties, tiredness, fatigue, irritability, frustration and decreased resiliency coping with daily life stressors. The physical exam (8-31-2015) revealed an antalgic gait. There was tenderness to palpation in the lumbar paravertebral muscles. There was hypersensitivity to touch over the right L5 dermatome distribution. Treatment has included epidural steroid injection, transcutaneous electrical nerve stimulation (TENS) unit, cognitive behavioral therapy and medications. The injured worker has been prescribed Norco since at least 3-10-2015, Lamictal, Paxil and Klonopin since at least 3-16-2015. The treating physician (8-5-

2015) indicates that the urine drug testing result (6-30-2015) was consistent. The request for authorization dated 8-31-2015 was for transfer of care to a different psychologist, Klonopin, Lamictal, Paxil and Norco. The original Utilization Review (UR) (9-14-2015) denied requests for transfer of care to a different psychologist, Lamictal, Paxil and Norco. Utilization Review modified a request for Klonopin 0.5mg from #60 to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to a different psychologist (major depression with bi-polar depression):

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): Psychological treatment.

Decision rationale: California MTUS states that behavioral interventions are 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Upon review of the submitted documentation, it is gathered that the injured worker has participated in psychotherapy sessions, however complains of having communication/rapport problems with his current psychologist and requests for transfer of care to a different provider, which is indicated. However, the request does not specify the number of sessions being requested with a different provider and thus the request is not medically necessary at this time.

Klonopin 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin 0.5 mf twice daily on an ongoing basis with no documented plan

of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Klonopin 0.5mg #60 is excessive and not medically necessary.

Lamictal 100mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FDA.gov: LAMICTAL.

Decision rationale: LAMICTAL is indicated for the maintenance treatment of Bipolar I Disorder to delay the 46 time to occurrence of mood episodes (depression, mania, hypomania, mixed episodes) in adults 47 (18 years of age) treated for acute mood episodes with standard therapy. It is also indicated as adjunctive therapy for the following seizure types in patients 2 years of age: partial seizures, primary generalized tonic-clonic seizures and generalized seizures of Lennox-Gastaut syndrome and for conversion to monotherapy in adults (16 38 years of age) with partial seizures who are receiving treatment with carbamazepine, phenytoin, phenobarbital, primidone, or valproate as the single antiepileptic drug (AED). The injured worker has been diagnosed as having major depression with bi-polar disorder and also the documentation mention Bipolar disorder Type 2. However, there is no documentation of symptoms/episodes of mania or hypomania. The diagnosis is unclear. Per guideline, LAMICTAL is indicated for the maintenance treatment of Bipolar I Disorder. The request for Lamictal 100mg #60 is not medically necessary at this time.

Paxil 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Mental Illness & Stress, Paroxetine (Paxel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Stress/ Antidepressants.

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." Psychologist report dated 6-15-2015 states that the injured worker presented with complaints of pain throughout the whole body. She reported sadness, anxiety, worry, crying, hopelessness, concentration difficulties, tiredness, fatigue, irritability, frustration and decreased resiliency coping with daily life stressors. There is no evidence of medical stability or objective functional improvement with the continued use of

Paxil since the scores on Beck Depression Inventory continue to be high i.e. 65 at the last visit. The request for Paxil 60mg #30 is not medically necessary based on lack of evidence of functional improvement.

Norco 10/325mg #90: 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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The physical exam (8-31-2015) revealed an antalgic gait. There was tenderness to palpation in the lumbar paravertebral muscles. There was hypersensitivity to touch over the right L5 dermatome distribution. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore, the request is not medically necessary.