

<b>Case Number:</b>	CM15-0189602		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/27/1996
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 4-27-1996. A review of the medical records indicates that the injured worker is undergoing treatment for opioid dependence, degeneration of lumbar intervertebral disc, lumbar post-laminectomy syndrome, and myofascial pain. The Treating Physician's report dated 8-5-2015, noted the injured worker was seen for reevaluation of her lumbar failed back surgery symptoms. The injured worker reported she had been unable to complete the remainder of her physical therapy and psychology sessions due to her [REDACTED] death in [REDACTED], and would like to resume treatment. The injured worker was noted to take Oxycodone, Norco alternating with Tramadol, Tizanidine, and Skelaxin, stopping the Cyclobenzaprine. The Physician noted that without her medications the injured worker was unable to do her home exercise program (HEP) as the medications reduced her pain by 50% and she had been stable on them for a prolonged period of time. The physical examination was noted to show diminished light touch sensation in L4 and L5 on the left side dermatomal distribution, muscle spasm over the lumbar paraspinal with tenderness to palpation over the paraspinal muscles of L3 to L5 and left buttock, with pain noted on seated straight leg raise on the left. The Physician noted the injured worker had been struggling with reoccurring C Diff infection. The injured worker was noted to have previously been on a much higher dosage of Norco (10 per day) and Dilaudid as her primary pain medication, with the injured worker reporting suicidal ideation when in severe pain off of medication. The injured worker was noted to have been off opioids with Suboxone for 6 months but the Suboxone did not help, being bedridden for the six months due to pain and then returned

to opioids. The injured worker was noted to have done rapid detox in the past. The Physician noted the plan was to wean off the Norco and switch to Tramadol. Prior treatments have included physical therapy, a rapid detoxification program, and lumbar spine surgeries. The treatment plan was noted to include Oxycontin and Norco refilled, both noted to have been prescribed since at least 10-29-2013, and requests for extension for physical therapy and request for pain psychology sessions. The Physician noted the CURES report was compliant, an opioid contract was resigned in September 2014, and a urine drug screen (UDS) was done in December 2014, with the results not noted. The request for authorization dated 8-18-2015, requested Behavioral Psychotherapy to include evaluation for six session and Oxycodone 30mg #120. The Utilization Review (UR) dated 8-26-2015, non-certified the request for Behavioral Psychotherapy to include evaluation for six session and Oxycodone 30mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Behavioral Psychotherapy to include evaluation for six sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Psychological Treatments 2015.

**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 recommend 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. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has undergone psychotherapy treatment for chronic pain, however, there is no clear documentation regarding the total number of sessions completed so far or any evidence of "objective functional improvement". The injured worker for further treatment cannot be established in light of lack of information regarding prior treatment. Thus, the request for Behavioral Psychotherapy to include evaluation for six sessions is not medically necessary at this time.

**Oxycodone 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Functional Improvement Measures 2015.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going 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 Oxycodone or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going 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. Per the Primary Treating Physician's report dated 8-5-2015, the injured worker was seen for reevaluation of her lumbar failed back surgery symptoms. The physical examination noted diminished light touch sensation in L4 and L5 on the left side dermatomal distribution, muscle spasm over the lumbar paraspinal with tenderness to palpation over the paraspinal muscles of L3 to L5 and left buttock, with pain noted on seated straight leg raise on the left. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore is not medically necessary.