

Case Number:	CM15-0191798		
Date Assigned:	10/05/2015	Date of Injury:	06/29/2004
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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 49 year old male, who sustained an industrial injury on 6-29-04. The injured worker has complaints of low back and leg pain. The documentation on 8-21-15 noted that the injured workers pain is well controlled on his usual medications and he has been more active and is able to walk more and is able to go to the drag races with his son. The injured worker rates the pain as a 8 to 10 out of 10 on the visual analog scale without medications and 2 to 4 out of 10 with his medications. The diagnoses have included lumbago. Treatment to date has included skelaxin helped a lot with the spasms in the back and is much better tolerated and sees a doctor for his depression. Current prescription is listed as oxycontin; norco; abilify; nuvigil; lidoderm patch; effexor; prilosec; skelaxin; colace; xanax and aripiprazole. The original utilization review (9-24-15) modified the request for oxycontin 60mg #60 to oxycontin 60mg #45. The request for 6 cognitive behavioral therapy sessions and one psychiatry consultation has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #60: 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 was injured on 06/29/04 and presents with low back pain. The request is for Oxycontin 60 MG #60. The RFA is dated 09/15/15 and the patient is not currently working. He has been taking this medication as early as 01/08/15 and the most recent treatment reports are provided from 01/08/15 to 09/09/15. 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." The 08/04/15 report indicates that "OxyContin [helps] to reduce baseline pain over 50% for 24 hours a day to keep the severe pain tolerable and allow him to be more active. He is able to do more activities such as ADLs and household work." The 09/09/15 report states that the patient rated his pain as an 8-10/10 without medications and a 2-5/10 with medications. The combination of OxyContin with the Norco has been the most effective for him. He is able to do a lot more activities and his mood improves. The VAS score shows over a 50% reduction in pain. Urine toxicology screenings have always been consistent. A CURES report shows no suspicious activity and documents that he is getting his medications filled from one provider at one pharmacy. An opioid treatment agreement is signed. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of specific ADLs which demonstrate medication efficacy. No validated instruments are used either. There are no outcome measures provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, long term use of opiates is not recommended for patients with low back pain and the patient has been taking this medication since at least 01/08/15. The requested Oxycontin is not medically necessary.

6 cognitive behavioral therapy sessions: Overturned

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) Mental Illness & Stress Chapter, under Cognitive Behavioral Therapy.

Decision rationale: The patient was injured on 06/29/04 and presents with low back pain. The request is for 6 cognitive behavioral therapy sessions. The utilization review rationale is that his depressive symptoms are improved with medications rather than with cognitive behavioral therapy sessions. The RFA is dated 09/15/15 and the patient is not currently working. The utilization review letter states that "the patient has completed multiple cognitive behavioral therapy sessions since 2013." ODG-TWC, Mental Illness & Stress Chapter, under Cognitive Behavioral Therapy states: Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures:- 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. The patient is diagnosed with depression, lumbago, chronic pain syndrome, muscle pain, lumbar postlaminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy, and low back pain. The reason for the request is not provided. The patient has had several cognitive behavioral therapy sessions prior to this request; however, it is unclear how these prior sessions impacted the patient's pain and function. Given that the patient continues to have depression and hasn't had any cognitive behavioral therapy since 2013, a trial of 6 sessions of therapy appears reasonable. The request is medically necessary.

One psychiatry consultation: Overturned

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 ACOEM Guidelines Chapter 7 page 127.

Decision rationale: The patient was injured on 06/29/04 and presents with low back pain. The request is for ONE psychiatry consultation. The utilization review rationale is that the 8/20/15 progress report noted that the patient denies being depressed. The RFA is dated 09/15/15 and the patient is not currently working. MTUS/ACOEM Guidelines, 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient is diagnosed with depression, lumbago, chronic pain syndrome, muscle pain, lumbar postlaminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy, and low back pain. The reason for the request is not provided. The patient has been suffering from depression. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, the requested psychiatry consultation is medically necessary.

