

<b>Case Number:</b>	CM15-0209457		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 55-year-old male who sustained an industrial injury on 12/16/2013. The initial symptoms reported by the injured worker are unknown. His diagnoses are cervicgia, post traumatic headaches, chronic pain syndrome, PTSD, degenerative disc cervical spine, intervertebral disc disease cervical without myelopathy, muscle spasm, thoracic outlet syndrome, and adjustment to disability with depression and anxiety. He is status post prostate cancer surgery with increased groin and rectal pain. On 08/26/15, there is a peer report in which Lunesta and psych behavioral health were noncertified, and Hysingla was modified for weaning. On 09/10/15 pain management progress notes show that he had been seen in neurology consultation for post concussive syndrome with persistent headaches. He had depression related to the cancer. No abnormalities were found. He reported that Hysingla helps with headaches more than Fioricet, and recent increased neck pain and insomnia. Current pain level was 3-5/10. Celebrex 200mg was restarted, and he was on Hysingla, Fioricet, and Lunesta 3mg for sleep. He was to see [REDACTED] [REDACTED] for adjustment to disability (psychotherapy). On 09/24/2015 UR denied a request for psych behavioral health times six sessions and Hysingla ER 30mg no quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych behavioral health times 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter - Cognitive behavioral therapy (CBT) Official Disability Guidelines (ODG), Psychotherapy.

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

**Decision rationale:** Psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid mood disorders. MTUS guidelines recommend an initial trial of 3-4 visits to determine objective functional improvement. Steps include identification of concerns, interventions emphasizing self management, and continued assessment of goals with potential further treatment options should they be required. ODG Psychotherapy Guidelines are up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The patient does not appear to have received a psychological evaluation. No records have been provided showing the number of psychological treatments he has had to date, or outcomes of same. This request is non-certified. Therefore, the requested treatment is not medically necessary.

**Hysingla ER 30mg qd no qty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Hysingla (hydrocodone).

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

**Decision rationale:** Hysingla is not recommended as a first line agent. No report was given of other agents tried and failed. There was no documentation of the 4 domains. No monitoring was provided (e.g. CURES, utox). Functional improvement was not reported clearly, e.g. impact on ADL's. UR of 08/26/15 modified the request for weaning. The patient was placed on Celebrex 200mg BID on 09/10/15, and no more recent records have been provided since that time with an updated clinical status. Safe taper of Hysingla would have occurred by this time. This request is non-certified. Therefore, the requested treatment is not medically necessary.