

<b>Case Number:</b>	CM15-0027596		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 56 year old, male patient, who sustained an industrial injury on 01/04/2001. A primary treating office visit dated 01/15/2015 reported subjective complaint of lower backache and left knee pain. He stated is activity level is decreased and he's taking is prescriptions as directed, but the medications seem less effective since tapering off Opioids. Current medications are Alprazolam 0.5mg take one three times a day as needed, Alprazolam 0.5mg take one twice daily as needed, Carisoprodol 350, Dhea, Duloxetine HCL, Famotadine, Gabapentin 300mg, Hydrocodone/Acetaminophen 10/325mg, Ibuprophen 600mg and Pennsaid solution. He is diagnosed with post lumbar laminectomy syndrome; lumbar radiculopathy; lumbar facet syndrome and knee pain. A request was made for 6 psychological visits, a prescription for Hydrocodone-Acetaminophen 10/325MG, and for Gabapentin 300MG. On 02/05/2015, Utilization Review, non-certified the request, noting the ODG Behavioral Interventions, cognitive Behavioral Therapy was cited. On 02/13/2015, the injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 individual psychological visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23.

**Decision rationale:** The patient presents with low back pain radiating to the left leg and left knee pain, rated 7.5/10. The request is for 6 INDIVIDUAL PSYCHOLOGICAL VISITS. Patient is status post lumbar fusion surgery 03/05/13. Physical examination on 01/15/15 to the lumbar spine revealed tenderness to palpation over the lumbar region with positive lumbar facet loading bilaterally. Range of motion was decreased in all planes. Straight leg raise test was positive on the left side in sitting at 80 degrees. Physical examination to the left knee revealed tenderness to palpation over the medial joint line and patella. Patient has had physical therapy without benefits, is on home based exercise program and uses a TENS unit. Toxicology report dated 07/27/14 showed positive results for methamphetamine and benzodiazepines. Patient's diagnosis per 12/04/14 progress report include post lumbar laminect syndrome, lumbar radiculopathy, lumbar facet syndrome and knee pain. Per 01/15/15 progress report, patient's medications include Alprazolam, Xanax, Carisoprodol, Dhea, Duloxetine, Famotidine, Gabapentin, Hydrocodone, Ibuprofen and Pennsaid. Patient is temporarily totally disabled. Regarding cognitive behavioral therapy, MTUS page 23 states: "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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear; avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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)" Treater has not provided a reason for the request. The request is for 6 individual psychological visits to address the patient's chronic pain. There is no documentation that the patient struggling with severe depression. UR letter dated 02/05/14 has modified the request to 3 visits. The MTUS recommends trial of 3-4 sessions and up to 6-10 visits with functional improvement. The current request exceeds what is allowed by MTUS for CBT to address chronic pain issues. The request IS NOT medically necessary.

**Hydrocodone-Acetaminophen 10-325 mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with low back pain radiating to the left leg and left knee pain, rated 7.5/10. The request is for HYDROCODONE-ACETAMINOPHEN 10-325 MG # 90 WITH 1 REFILL. Patient is status post lumbar fusion surgery 03/05/13. Physical examination on 01/15/15 to the lumbar spine revealed tenderness to palpation over the lumbar region with positive lumbar facet loading bilaterally. Range of motion was decreased in all planes. Straight leg raise test was positive on the left side in sitting at 80 degrees. Physical examination to the left knee revealed tenderness to palpation over the medial joint line and patella. Patient has had physical therapy without benefits, is on home based exercise program and uses a TENS unit. Toxicology report dated 07/27/14 showed positive results for methamphetamine and benzodiazepines. Patient's diagnosis per 12/04/14 progress report include post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar facet syndrome and knee pain. Per 01/15/15 progress report, patient's medications include Alprazolam, Xanax, Carisoprodol, Dhea, Duloxetine, Famotidine, Gabapentin, Hydrocodone, Ibuprofen and Pennsaid. Patient is temporarily totally disabled. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The request is for one prescription of Hydrocodone 10/325 mg # 90 with 1 refill. The UR letter dated 01/21/15 has modified the request to #68 and no refill. Patient is status post lumbar fusion surgery and has been prescribed Norco (Hydrocodone) from 04/02/13 and 01/15/15. Patient's urine toxicology report dated 07/27/14 showed positive results for methamphetamine and benzodiazepines. Treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Hydrocodone. In 06/17/14 progress report, treater states that patient is taking his medication as prescribed and that his activity level has decreased. Furthermore, there are no discussions regarding adverse side effects, aberrant behavior, etc. No opioid pain contracts were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Gabapentin 300 mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin) Page(s): 18-19.

**Decision rationale:** The patient presents with low back pain radiating to the left leg and left knee pain, rated 7.5/10. The request is for GABAPENTIN 300 MG # 120 WITH 1 REFILL. Patient is status post lumbar fusion surgery 03/05/13. Physical examination on 01/15/15 to the lumbar spine revealed tenderness to palpation over the lumbar region with positive lumbar facet loading bilaterally. Range of motion was decreased in all planes. Straight leg raise test was positive on the left side in sitting at 80 degrees. Physical examination to the left knee revealed tenderness to palpation over the medial joint line and patella. Patient has had physical therapy

without benefits, is on home based exercise program and uses a TENS unit. Toxicology report dated 07/27/14 showed positive results for methamphetamine and benzodiazepines. Patient's diagnosis per 12/04/14 progress report include post lumbar laminect syndrome, lumbar radiculopathy, lumbar facet syndrome and knee pain. Per 01/15/15 progress report, patient's medications include Alprazolam, Xanax, Carisoprodol, Dhea, Duloxetine, Famotidine, Gabapentin, Hydrocodone, Ibuprofen and Pennsaid. Patient is temporarily totally disabled. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater has not discussed reason for the request . Patient has been prescribed Gabapentin from 03/20/14 and 01/15/15. The treater does not provide adequate documentation of pain reduction or functional improvement from the use of this medication. MTUS require documentation of at least 40% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 require recording of pain and function when medication is used for chronic pain. The requested Gabapentin IS NOT medically necessary.