

<b>Case Number:</b>	CM15-0036617		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Hawaii

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 27 year old male, who sustained an industrial injury on 3/31/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having left trapezial myofascitis, left shoulder contusion/sprain/strain, left shoulder tendinosis, and lumbar strain/sprain. Treatment to date has included conservative measures. Currently, the injured worker complains of left shoulder pain, with radiation to the left upper trapezial region, rated 7/10. His back pain was reported as "not too bad lately", rated 3/10. He reported having the flu for the past several weeks. He was using Norco for pain and reported taking 2 tablets daily as needed. He reported improvement in activities and decreased pain of daily living with medication use. Physical exam noted tenderness over the left shoulder, posterior scapular and upper trapezius musculature about his left shoulder, where spasms and trigger points were noted. Range of motion was mildly decreased in his left shoulder. Tenderness was also noted over the lumbosacral spine, midline, with decreased range of motion. His mood was not documented. The treatment plan included psychological evaluation and treatment, prescription for Norco, and continued home exercises. He was currently not working. A previous PR2 report, dated 12/05/2014, noted depression and withdrawal from social interaction. He also reported suicide thoughts, without a plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological consult and treat:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

**Decision rationale:** The patient presents with pain affecting the left shoulder and lower back. The current request is for Psychological consult and treat. The treating physician states, "I request authorization for psychological evaluation and treatment. The patient and his mother were both advised to seek emergency treatment in and emergency room if the patient develops any suicidal ideation." (5B) The treating physician also states in the report dated 12/05/14 that the patient was authorized psychological but did not documented any progress or how many visits the patient has completed. (14B) According to the MTUS cognitive behavioral therapy is 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." MTUS goes on to state, "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)." In this case, the treating physician has documented that the patient requires cognitive behavioral therapy but this request does not provide a quantity of treatments. The MTUS guidelines provide limitations on the total number of sessions recommended and the current request is for an unlimited duration, which is not supported by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

**Norco 10/325mg #100:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with pain affecting the left shoulder and lower back. The current request is for Norco 10/325mg # 100. The treating physician states, "The patient is currently utilizing Norco for pain and reports taking two Norco pills a day as need for pain. He denies any side effects from his medications. On a scale of 1 to 10, the patient rates his pain at a 3 to 4 with the use of medication and without pain medication he rates his pain at an 8 to a 9. He notes improvements with his activities of daily living." (3B) For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant

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. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary and the recommendation is for authorization.