

Case Number:	CM15-0043992		
Date Assigned:	03/13/2015	Date of Injury:	05/21/2005
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 68 year old female, who sustained an industrial injury on 5/21/05. She reported pain in the lower back. The injured worker was diagnosed as having chronic lower back pain, lumbosacral degenerative disc disease and depression. Treatment to date has included a home exercise program and oral pain medications. As of the PR2 dated 1/29/15, the injured worker reports feeling discouraged and overwhelmed because of her loss of mobility. She has difficulty getting out of bed and completing household tasks. The treating physician noted pain with movement and mild depression. The treating physician requested a psychiatrist evaluation and treatment, functional restoration program and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist consult evaluation and treatment: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included a Functional Restoration Program with benefit. When seen by the requesting provider she had regressed and unable to function over the previous 2-3 weeks. She was discouraged and appeared depressed. She was ambulating with a can slowly with pain behaviors. Medications included Norco at a total MED (morphine equivalent dose) of 40 mg per day. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has symptoms of depression and declining function. Therefore, the requested psychiatric evaluation is medically necessary.

Functional Restoration Program times one day a month times six months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included a Functional Restoration Program with benefit. When seen by the requesting provider she had regressed and unable to function over the previous 2-3 weeks. She was discouraged and appeared depressed. She was ambulating with a can slowly with pain behaviors. Medications included Norco at a total MED (morphine equivalent dose) of 40 mg per day. Guideline suggestions for treatment after a Functional Restoration Program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. Therefore the requested six aftercare sessions was medically necessary.

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included a Functional Restoration Program with benefit. When seen by the requesting provider she had regressed and unable to function over the previous 2-3 weeks. She was discouraged and appeared depressed. She was ambulating with a can slowly with pain behaviors. Medications included Norco at a total MED (morphine equivalent dose) of 40 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.