

Case Number:	CM15-0048173		
Date Assigned:	03/20/2015	Date of Injury:	02/18/2011
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/13/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 female who has reported mental illness and hip, low back, shoulder, foot, and knee pain after a contusion injury on 02/18/2011. The diagnoses have included lumbar sprain/strain, lumbar degenerative joint disease, right hip replacement with revision, right knee degenerative joint disease, plantar fasciitis, and posttraumatic stress disorder. Treatment to date has included medications, a transcutaneous electrical stimulation (TENS) unit, surgeries, physical therapy, and psychotherapy since at least 2013. The qualified medical examination (QME) reports list records of psychotherapy beginning in 2013. Chronic medications have included Neurontin, Zoloft, Norco, Ativan, Phenergan, and Lidoderm. Reports from treating physicians during 2014 reflect widespread pain, very poor function, and inability to perform even very light activities of daily living. Reports from the primary treating physician during 2014 to 2015 begin on 10/17/14. The initial and subsequent reports state that there was a 50% reduction in pain and 50% improvement in activities of daily living with unspecified medications. She does not work and is on permanent disability. There was ongoing, multifocal pain. Episodes of nausea were attributed to medications. All medications were continued at the initial visit, with no discussion of the specific results of using any single medication. Drug tests were reportedly consistent, although no actual results were evident. Depression was present. The report of 1/12/15 notes prior psychotherapy, depression, and the need for 12 more visits of psychotherapy. There was no discussion of the results of any prior psychotherapy. Per a PR2 of 02/09/2015, there was severe right-sided back pain, hip pain, and knee pain. There was difficulty with ambulation due to a right short leg. She reported functional improvement with activities of

daily living with taking her medications. A course of psychotherapy had been authorized and was to start next month. The plan of treatment included continuation of prescription medications. Request is being made for 12 additional psychotherapy visits; Ambien 10 mg #30; Lidoderm Patch 5 Percent #30; Norco 10/325 mg #120; and for Ativan 1 mg #90. She was "totally disabled." The report of 3/9/15 did not provide any significantly different information. On 6/19/14, Independent Medical Review found Lidoderm, Norco, and gabapentin to be not medically necessary based on the MTUS and lack of sufficient benefit. On 10/1/14 Independent Medical Review found Duragesic, gabapentin, and Norco to be not medically necessary. On 3/6/15, Independent Medical Review found Norco and Phenergan to be not medically necessary. On 2/26/15, Utilization Review responded to a Request for Authorization of 2/9/15, certified Celexa and Neurontin, and partially certified Norco and Ativan. The MTUS was cited. Additional psychotherapy was non-certified based on the MTUS and the lack of completion of a prior, authorized course of therapy. Ambien was non-certified based on the Official Disability Guidelines. Lidoderm was non-certified based on the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Psychotherapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 8-9, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

Decision rationale: The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of cognitive behavioral therapy (CBT) is an option, with results of treatment determined by functional improvement. The recommended quantity of visits for a CBT trial is 3-4 visits. The maximum quantity of visits for CBT is 10. The Official Disability Guidelines provide recommendations for longer courses of psychotherapy for depression. All treatment should be continued only if there is specific improvement, including functional improvement. None of the available reports show any specific improvement after prior psychotherapy or the quantity of visits attended. The recent primary treating physician reports do not discuss the specific indications for additional psychotherapy. The primary treating physician has stated that a course of psychotherapy has been authorized and would be starting soon. There is no apparent indication to prescribe additional psychotherapy until those visits have been completed and there is medical necessity for additional visits. Given the lack of evidence for significant benefit from prior treatment, the visits already authorized and not completed, and the lack of sufficient information presented by the current primary treating physician, the additional psychotherapy is not medically necessary.

Ambien 10 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short-term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. The only reference to a sleep problem is that the patient is awakened by pain. This is an insufficient basis on which to dispense months or years of zolpidem. When the current primary treating physician first saw this injured worker, zolpidem was continued without an apparent investigation into any sleep disorder. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. This patient has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Prescribing in this case meets none of the guideline recommendations. The reports do not show specific and significant benefit of zolpidem over time. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.

Lidoderm Patch 5 Percent #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

Decision rationale: The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that he has failed the recommended oral medications. Lidoderm was continued along with a long list of other medications at the initial visit with this physician. Non-specific benefit was mentioned, although there were no trials of any single medication. The initial report included non-specific reports of benefit, which have not changed since then. Function is actually very poor, given the "total disability" status and extremely limited function described by various physicians. There is no evidence of any specific and significant benefit from the Lidoderm used to date. Lidoderm is not medically necessary based on the MTUS and lack of specific benefit.

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81,94,80,81,60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. An opioid contract may be present. There is no random drug testing program described, and no reports of any specific drug test results with dates of testing. There was no evidence of a failure of non-opioid therapy, as all medications, including opioids, were continued at the initial visit. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significantly increased function from the opioids used to date. Function remains very poor and the injured worker is stated to be totally disabled. The same non-specific description of pain relief and unspecified functional improvement has been present in the reports since the initial visit. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Ativan 1 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Muscle Relaxants Benzodiazepines Page(s): 24,66.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. All medications, including Ativan, were continued at the initial visit. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. The specific indications for Ativan are not described in the reports. The MTUS does not recommend benzodiazepines for long-term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The MTUS does not recommend benzodiazepines as muscle

relaxants. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.