

Case Number:	CM15-0050785		
Date Assigned:	03/24/2015	Date of Injury:	10/01/2012
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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, Indiana, New York
 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 45-year-old male, who sustained an industrial injury on 10/01/2012. Initial complaints reported included back and neck pain. The initial diagnoses were not mentioned. Treatment to date has included conservative care and therapies, medications, injections, MRI of the lumbar spine, and electrodiagnostic testing of the bilateral upper and lower extremities. Currently, the injured worker complains of low back and left lower extremity pain. The injured worker is opposing surgical intervention for the lumbar spine at this time and requested to continue with conservative therapies. It was noted that the injured worker reported gastrointestinal symptoms with the Norco that he had been taking and requested this to be changed to Tylenol with codeine. Current diagnoses include lumbar back pain, lumbar radiculopathy, annular tear of the lumbar disc, depression, and herpes zoster. The treatment plan consisted of psychology consultation, medications (Tylenol #3, Flexeril and Effexor), 6 sessions of cognitive behavioral therapy/psychotherapy, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral therapy/psychotherapy, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cognitive behavioral therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cognitive behavioral therapy/psychology six sessions are not medically necessary. Cognitive behavioral therapy guidelines for chronic pain include screening for patients with risk factors for delayed recovery including fear avoidance beliefs. 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 four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, total of up to 6 -10 visits over 5 - 6 weeks (individual sessions). In this case, the injured worker's working diagnoses are lumbar discogenic pain syndrome: lumbar radiculitis; annular tear lumbar disc; depression; and herpes zoster. The treating physician on February 6, 2015 requested a psychology evaluation in addition to cognitive behavioral therapy. A psychology evaluation was authorized. Accordingly, cognitive behavioral therapy is a premature request pending receipt of the psychology evaluation. Consequently, pending receipt of the psychology evaluation with recommendations, cognitive behavioral therapy/psychology six sessions are not medically necessary.

Retrospective Tylenol No 3 #60 with a dose of 2/6/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Tylenol #3, #60 date of service February 6, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar discogenic pain syndrome: lumbar radiculitis; annular tear lumbar disc; depression; and herpes zoster. Documentation from a February 6, 2015 progress note indicates worker at a poor response to ongoing Norco use. The injured worker found an old prescription of Tylenol #3 which helped the

injured worker's pain in the lower back. The injured worker developed a herpes zoster infection with relief from Tylenol #3. The treating physician was unaware of the Tylenol #3 and a urine drug toxicology screen was inconsistent. The UDS showed Tylenol #3 and no Norco in the specimen. The injured worker has failed tramadol (due to nausea and stomach upset). There is no documentation of objective functional improvement with ongoing Norco. There were minimal objective findings on the February 6, 2015 progress note. These findings included tenderness over the L4 -L5 and L5 - S1 muscle groups, pain with lumbar flexion and extension (no specifics) with normal strength in the lower extremities. Additionally, the instructions for use were Tylenol #30, 1 tablet qd to b.i.d. The drug was not instructed on an as needed basis. Consequently, absent compelling clinical documentation with objective functional improvement on a regular daily basis (daily to twice daily), retrospective Tylenol #3, #60 date of service February 6, 2015 is not medically necessary.

Retrospective Flexeril 7.5 mg #60 with a dose of 2/6/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are lumbar discogenic pain syndrome: lumbar radiculitis; annular tear lumbar disc; depression; and herpes zoster. The documentation indicates, pursuant to a qualified medical examination (QME) dated August 20, 2014, Flexeril 7.5 mg was prescribed as far back as March 14, 2014. Flexeril is indicated for short-term use (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of "an acute exacerbation". Moreover, the treating physician exceeded the recommended guidelines for short-term (less than two weeks) treatment by continuing treatment since March 14, 2014. Consequently, absent compelling clinical documentation in excess of the recommended guidelines, Flexeril 7.5 mg #60 is not medically necessary.