

Case Number:	CM15-0082204		
Date Assigned:	05/05/2015	Date of Injury:	05/09/2013
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer or care to and from various providers in various specialties; interventional spine procedure; knee corticosteroid injections; and adjuvant medications. In a Utilization Review report dated March 30, 2015, the claims administrator partially approved requests for six sessions of cognitive behavioral therapy (CBT), a one-time psychological evaluation. Percocet and Cymbalta were approved while Lyrica was denied. A March 4, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant received multilevel medial branch blocks. On March 18, 2015, the applicant underwent urine drug testing which included confirmatory and quantitative testing. On March 12, 2015, the applicant reported ongoing complaints of bilateral knee pain associated with popping, clicking, and locking. The applicant was given a diagnosis of bilateral knee arthritis status post earlier right knee arthroscopy. The applicant was asked to pursue a left knee arthroscopy procedure. A CPM device and cold therapy system were also endorsed. On March 4, 2015, the applicant reported ongoing issues with low back and right knee pain. The applicant was apparently not working, it was suggested. The applicant had developed issues with depression associated with loss of income generated by the injury. A psychological evaluation referral for cognitive behavioral therapy for treatment of chronic pain and depression was suggested. The applicant was given refills of Percocet and Lyrica. The applicant was asked to start Cymbalta for depression. The request for cognitive

behavioral therapy (CBT) was framed as a first-time request. On March 3, 2015, the applicant was placed off of work, on total temporary disability. The remainder of the file was surveyed. There were seemingly no documented psychological counseling visits on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to psych for cognitive behavior evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

Decision rationale: Yes, the proposed referral to psychology for a cognitive behavioral evaluation was medically necessary, medically appropriate, and indicated here. As noted on page 100 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended in the chronic pain context present here. Additionally, the applicant had various issues with depression superimposed on chronic pain issues. The applicant was off of work, it was further reported. Obtaining the added expertise of a psychologist to formulate appropriate treatment options was, thus, indicated. Therefore, the request was medically necessary.

Lyrica 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Conversely, the request for Lyrica, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy and postherpetic neuralgia and, by analogy, is indicated in the treatment of other unspecified neuropathic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing usage of Lyrica (pregabalin). Ongoing usage of Lyrica had failed to curtail the applicant's dependence on opioid agents such as Percocet, which the applicant was apparently using at a rate of thrice daily as of March 4, 2015. 7-8/10, constant pain complaints were reported on that date, March 4, 2015. It did not appear, in short, that ongoing usage of Lyrica had generated any evidence of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

Psych cognitive behavior treatment, 1 x 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: Finally, the request for six sessions of cognitive behavioral therapy was medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for psychotherapy/cognitive behavioral therapy. Page 23 of the MTUS Chronic Pain Medical Treatment Guidelines supports an initial trial of three to four sessions of psychotherapy in the chronic pain context. The MTUS Guideline in ACOEM Chapter 15, page 400 notes that cognitive behavioral therapy can be either problem-focused, with strategies intended to alter an applicant's perception of stress or emotion-focused, with strategies intended to alter an applicant's perception of stress. Here, the applicant was off of work. The applicant had a number of depressive and chronic pain symptoms. Psychotherapy/cognitive behavioral therapy, thus, was indicated to address the applicant's various chronic pain and depressive symptoms. Therefore, the first-time request for six sessions of cognitive behavioral therapy/psychotherapy was medically necessary.