

Case Number:	CM15-0097305		
Date Assigned:	05/28/2015	Date of Injury:	10/04/2001
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/20/2015

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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 4, 2001. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve a request for six sessions of cognitive behavioral therapy Gralise (gabapentin), Nucynta, and MS Contin. The claims administrator referenced a RFA form received on April 17, 2015 and associated progress note of April 16, 2015 and March 5, 2015 in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated April 19, 2015, it was stated that the applicant was not working and was "practically precluded from gainful employment." In a RFA form dated April 13, 2015, Ambien, Nucynta, MS Contin, Gralise, Cymbalta and cognitive behavioral therapy were sought. In an associated progress note dated April 16, 2015, the applicant reported ongoing complaints of low back pain with associated sciatic symptoms, highly variable, 5 to 9/10. The applicant had received recent epidural steroid injection, it was acknowledged. The applicant had a variety of urologic issues, including urinary incontinence, a suspected anovestibular fistula, and impotence. The applicant was not working. 9 to 10/10 pain without medications versus 6/10 with medications was reported. The applicant's sitting, standing, and walking tolerance were diminished, as were the applicant's socialization capacity and ability to read and concentrate. The applicant had developed various psychiatric issues, as well as the applicant was using Nucynta, morphine, Gralise, Cymbalta, Neurontin, it was reported. Large portions of progress note were difficult to follow and mingled historical issues with current issues. The applicant exhibited a mildly antalgic gait. Multiple medications were renewed,

including Nucynta, Gralise, MS Contin, Cymbalta, and Ambien while the applicant was placed off of work, on total temporary disability. The attending provider acknowledged that applicant had had treatment through a psychiatric and psychologist at various point in time and suggested that the applicant continue receiving counseling. It was suggested that Cymbalta was being employed for both pain and depressive symptoms. It was not stated whether or not Cymbalta had ameliorated the applicant's mood, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: No, the request for six sessions for cognitive behavioral therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 398 does acknowledge that issues regarding work stress and person-job can be handled effectively with trial therapy through a psychologist, the MTUS Guideline in ACOEM Chapter 15, page 398 notes that applicants with more serious conditions may need a referral to a psychiatrist for medicine therapy. Here, the applicant had rather pronounced depressive symptoms evident on April 16, 2015. The applicant was off of work, on total temporary disability, on that date. The applicant was using a psychotropic medication, Cymbalta, with seemingly poor results. It did not appear, thus, that the applicant was an appropriate candidate for what appeared to be a request for continued cognitive behavioral therapy. It is further noted that the applicant had had unspecified amounts of cognitive behavioral therapy through the date of the request, April 16, 2015. The applicant had, however, seemingly failed to respond favorably to the same. The applicant remained off of work, on total temporary disability with complaints of chronic pain, depression, difficulty concentrating, and difficulty socializing were evident on the April 16, 2015 office visit at issue. It did not appear, in short, that previous cognitive behavioral therapy had generated functional improvement in terms of parameters established in MTUS 9792.20e needed to justify continuation of treatment. Therefore, the request was not medically necessary.

Gralise 600 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter, pain-Gralise (gabaentin enacarbil ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Similarly, the request for Gralise (extended release gabapentin) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked “at each visit” as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 16, 2015. The applicant continued to report pain complaints as high as 6/10, despite ongoing gabapentin usage. The applicant was having difficulty ambulating, it was noted on that date. The applicant was having difficulty standing, walking, and transferring. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioids agents such as Nucynta and MS Contin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Nucynta 75 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Nucynta, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, April 16, 2015. While the attending provider did recount some reported reduction in pain scores from 9 to 10/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work. The attending provider's failure to outline meaningful or material improvements in function effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant was still experiencing difficulty with task as basic as standing, walking, concentrating, and reading, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with Nucynta. Therefore, the request was not medically necessary.

MS (Morphine Sulfate) Contin 30 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for MS Contin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability as of the April 16, 2015 office visit at issue. While the attending provider did recount some reported reduction in pain scores from 9 to 10/10 without medications to 6/10 with medications on that date, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (or if) effected as a result of ongoing MS Contin usage. The fact that the applicant was still having difficulty performing activities as basic as socializing, standing, walking, transferring, etc., coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with MS Contin. Therefore, the request was not medically necessary.