

Case Number:	CM14-0160389		
Date Assigned:	10/06/2014	Date of Injury:	09/07/2008
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old female with a 9/7/08 date of injury. At the time (8/21/14) of request for authorization for 1 prescription for Morphine 15 mg, and a request for cognitive behavioral therapy x 3, there is documentation of subjective (back, knee, shoulder and neck pain) and objective (tenderness to palpation over lumbosacral junction, iliac crest, and posterior superior iliac spine) findings, current diagnoses (lumbago, degenerative lumbar/lumbosacral intervertebral disc, lumbar sprain/strain, and major depression), and treatment to date (medications (including ongoing treatment with Cymbalta, Ambien, Diazepam, and Oxycodone) and previous psychotherapy). Medical report identifies [REDACTED] contract for opioids. Regarding cognitive behavioral therapy, the number of previous psychotherapy treatments cannot be determined and there is no documentation of objective functional improvement with previous treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Morphine 15 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of lumbago, degenerative lumbar/lumbosacral intervertebral disc, lumbar sprain/strain, and major depression. In addition, given documentation of a [REDACTED] contract for opioids, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Morphine 15 mg is medically necessary.

A request for cognitive behavioral therapy x 3: 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): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of lumbago, degenerative lumbar/lumbosacral intervertebral disc, lumbar sprain/strain, and major depression. In addition, there is documentation of previous psychotherapy. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of objective functional improvement with previous treatments. Therefore, based on guidelines and a review of the evidence, the request for cognitive behavioral therapy x 3 is not medically necessary.