

Case Number:	CM14-0045810		
Date Assigned:	07/02/2014	Date of Injury:	08/13/2008
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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:

The injured worker is a 54-year-old female who reported injury on 08/13/2008. The diagnosis was lumbago. The injured worker underwent prior physical therapy and epidural steroid injections. The injured worker was noted to be utilizing opiates since at least 2012. Prior treatments additionally included a lumbar fusion. The documentation of 03/17/2014 revealed the injured worker had been stressed with increased pain. The injured worker had decreased range of motion. The injured worker had tenderness to the sacroiliac joint bilaterally. The treatment plan included a consultation for cognitive behavioral training following 12 sessions to reduce the effect of chronic pain as well as medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for Cognitive Behavioral Training 12 session: 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), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Behavioral Interventions, page 23 Page(s): page 23.

Decision rationale: The Official Disability Guidelines indicate that injured workers should be screened for risk factors for delayed recovery including fear avoidance beliefs. There should be a consideration of psychotherapy, cognitive behavioral therapy after 4 weeks if there is a lack of documented progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits is appropriate. The clinical documentation submitted for review failed to provide documentation the injured worker had been screened with risk factors for delayed recovery. There was lack of documentation indicating the injured worker had a lack of progress from physical medicine alone. The request for 12 sessions would be excessive without re-evaluation post the recommendation of 3-4 visits. Given the above, the request for consultation for cognitive behavioral training 12 sessions is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic pain, page 60, ongoing managem.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.