

Case Number:	CM13-0067913		
Date Assigned:	01/17/2014	Date of Injury:	04/18/2008
Decision Date:	04/09/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/18/2013

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: Pennsylvania
 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:

This is a 73-year-old male who has reported low back pain and mental illness after an injury on 04/18/08. He has been diagnosed with lumbar facet disease, degenerative discs, and various psychiatric conditions. Treatment has included medications, chronic opioids, lumbar fusion, lumbar radiofrequency ablation, and psychiatric treatment. Per an orthopedic QME on 9/22/13, there is worsening back pain. The injured worker needs 'constant psychological evaluation and treatment'. There was no discussion of the psychiatric status of the injured worker, no discussion of the specific indications for any medication, no discussion of the results of using medications, and no citation of any guidelines or medical evidence. Monthly psychiatric reports refer to anxiety, panic, insomnia, depression, and flashbacks. Medications include Cymbalta, nortriptyline, Paxil, and Klonopin. Function is poor and there is no evidence of efficacious treatment. Per the monthly treating physicians' reports in 2013, this injured worker uses Vicodin regularly, has ongoing back and leg pain, is not working, and has had poor results of treatment. Some reports refer to urine drug screens but there are no reports presented and no discussion of any urine drug screen results. On 11/4/13 the injured worker was seen by a chiropractor. Low back and leg pain was 5-8/10. He sees a psychiatrist for medications, and takes Vicodin. The psychiatric diagnosis is 'significant psychological trauma'. The injured worker is reported to have received prior psychotherapy with [REDACTED], psychologist, and is requesting further psychotherapy. The treatment plan includes a referral to [REDACTED]. 'Medication' is to be continued (no mention of which medication or any results of use). An authorization request is for Vicodin ES #100 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5mg, #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain Page(s): 77-81; 94; 80.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific back pain. Aberrant use of opioids is common in this population. There is no evidence in the medical records of significant pain relief while on Vicodin, and more importantly, there is no evidence of increased function while using opioids. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Vicodin is not medically necessary.

Referral back to psychologist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-402, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The requested service on the Independent Medical Review application was for one visit with the psychologist, which appears to be what was certified in Utilization Review. The MTUS, chronic pain section, recommends psychological evaluations for patients with chronic pain. The MTUS, ACOEM Guidelines Chapter 15, cited above, recommends psychotherapy and referral to mental health professionals for injured workers with work-related mental conditions. Given the documentation of the prior psychiatric conditions and psychotherapy, this referral now is in accordance with the MTUS and is medically necessary.