

<b>Case Number:</b>	CM14-0213041		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 54 year-old male with a 2/06/2008 date of injury. According to the 11/7/14 pain management report, the patient that radiates down the legs. He has been diagnosed with low back pain; lumbar radiculopathy; post lumbar laminectomy syndrome; spinal/lumbar DDD; dizziness and giddiness. He smokes 1 pack per day for 15 years and has history of heart disease. Pain is reported as 9/10 without medications and 6/10 with medications. He takes Methadone 10mg qid; Percocet 10/325mg max 4/day; Prozac, Prilosec and Colace. The patient reports increased frequency in episodes of falling and feels he is worsening. He walks with the assistance of a cane. On 11/7/14, Oswestry shows 76% disability; Epworth score is 18/24; SOAPP score was 10. The patient failed a spinal cord stimulator trial in 2011. He was reported to have had 24 sessions of PT back in 2008. The patient wants to hold off on SCS trials, pain pump trials and ESIs. The physician requests psyche referral to develop coping skills; PTx6 for instructions on HEP, gait and lumbar stabilization. An EKG was requested to evaluate the QT interval with Methadone use given clinical symptoms. On 11/18/2014 utilization review denied: referral to a pain management psychologist for development of coping skills, because the AME recommended only antidepressant medications and the reviewer does not see why it was requested. PT x6 for instructions on an HEP was denied, as the reviewer believes the patient already has an HEP. The reviewer denies the EKG for evaluation of QT interval, because the patient takes 40mg of methadone per day. Percocet was denied because the reviewer believes there is no overwhelming benefit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Referral to Pain Management Psychologist for Cognitive Behavioral Therapy and Pain Coping Skills Training: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy, <http://www.odg-twc.com/odgtwc/stress.htm>: PTSD: Pain Disorder; General Stress: Stress Management

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The patient has chronic pain from post laminectomy syndrome and reports worsening symptoms with increased episodes of falling at home. The request is for referral to pain management psychologist for cognitive behavioral therapy and pain coping skills training. MTUS Chronic Pain Medical Treatment Guidelines page 23 for Behavioral interventions states: Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The request is in accordance with MTUS guidelines. The request for referral to pain management psychologist for cognitive behavioral therapy and pain coping skills training is medically necessary.

### **Physical Therapy x 6 sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient has chronic pain from post laminectomy syndrome and reports worsening symptoms with increased episodes of falling at home. He is reported to walk with a cane, but has antalgic gait. His last physical therapy was reported as 24 sessions in 2008. There are no reports of physical therapy or change in his HEP since the increasing episodes of falling, or worsening of symptoms. The request for 6 sessions of physical therapy for instructions on HEP, spinal and gait stabilization appears to be in accordance with MTUS guidelines. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states 8 to 10 sessions of therapy are indicated for various myalgias or neuralgias. The request for physical therapy x 6 sessions is medically necessary.

### **EKG to evaluate QT interval: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ([http://www.odg-twc.com/odgtwc/Low\\_Back.htm](http://www.odg-twc.com/odgtwc/Low_Back.htm))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MJ Krantz, MD, et.al., in the Annals of Internal Medicine, 2009;150(6) pp 387-395

**Decision rationale:** The patient has chronic pain from post laminectomy syndrome and reports worsening symptoms with increased episodes of falling at home. He smokes 1 pack per day for 15 years and has history of heart disease. His diagnoses include dizziness and giddiness. He takes Methadone and the physician is concerned about prolonged QT interval that may lead to Torsade de Pointes. MTUS/ACOEM and Official Disability Guidelines did not discuss QT interval monitoring with Methadone. Other evidence-based guidelines were consulted. According to [REDACTED], et.al., in the Annals of Internal Medicine, 2009;150(6) pp387-395, QTc Interval Screening in Methadone Treatment, Methadone, the most widely used agent for opioid maintenance, may prolong the rate-corrected QT interval (QTc) and result in torsade de pointes. The journal article discusses cardiac safety recommendations for physicians prescribing Methadone including obtaining a pretreatment electrocardiogram for all patients to measure the QTc interval and a follow-up electrocardiogram within 30 days and annually. The patient reports history of heart disease, dizziness, giddiness, increasing episodes of falling, has 15 year history of smoking 1ppd, and uses Methadone and Percocet for pain control. The request appears to be consistent with the internal medicine review article cited above. The request for EKG to evaluate QT interval is medically necessary.

**Percocet 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs): Opioids, weaning of medications: Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

**Decision rationale:** The patient has chronic pain from post laminectomy syndrome and reports worsening symptoms with increased episodes of falling at home. For pain control, he takes Methadone 10mg qid; Percocet 10/325mg max 4/day; Prozac, Prilosec and Colace. Pain is reported as 9/10 without medications and 6/10 with medications. The physician uses Oswestry testing for disability and Epworth for sleep, SOAPP, and drug testing for compliance. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, criteria for use of opioids for long-term users of opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The physician has reported on pain and functioning in accordance with MTUS guidelines, and the patient has shown decrease in pain levels with use of Percocet, which is a satisfactory response per MTUS guidelines. The request for Percocet 10/325mg #120 is medically necessary.

