

Case Number:	CM14-0092796		
Date Assigned:	07/30/2014	Date of Injury:	07/09/2011
Decision Date:	06/12/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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: Texas, California

Certification(s)/Specialty: Family Practice

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 48-year-old male, who sustained an industrial injury on 07/09/2011. He has reported injury to the left ankle and left lower extremity. The diagnoses have included left tibia-fibula fracture; status post left ankle open reduction internal fixation; pain in limb; and left ankle/foot enthesopathy. Treatment to date has included medications, diagnostics, ice, bracing, orthotics, injection, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical interventions. Medications have included Norco, Nucynta, Pennsaid Solution, and Celexa. A progress note from the treating physician, dated 05/20/2014, documented a follow-up visit with the injured worker. The injured worker reported persistent pain in the left posterior ankle with range of motion and weight-bearing activities; activities of daily living continue to remain limited by the severity of the chronic pain; Celexa is beneficial; and he does some walking to tolerance. Objective findings included antalgic, wide-based gait, using cane; balance impaired due to significant pain; range of motion has decreased in the left ankle since his last evaluation; range of motion was associated with significant joint crepitus; tenderness to the left ankle; and he is noted to be distraught and in severe pain after gentle examination. Request is being made for 10 psychotherapy visits for cognitive behavioral training; and Norco 10/325mg, #180. Per the doctor's note dated 4/7/15 physical examination revealed antalgic gait, tenderness on palpation and limited range of motion of ankle and 4/5 strength. The medication list includes Citalopram, Duloxetine, Lyrica and Norco. The patient has had history of depression and difficulty in sleeping. The past medical history includes fracture of

left tibia and fibula. A recent urine drug screen report was not specified in the records provided. A recent detailed psychological evaluation note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Psychotherapy visits for Cognitive Behavioral training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress- Cognitive Behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

Decision rationale: CA MTUS Chronic pain medical treatment guidelines for chronic pain recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, - with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The details of any psychotherapy done since the date of injury were not specified in the records provided. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. The detailed response to Citalopram and duloxetine was not specified in the records provided. The response to optimal pharmacotherapy for the pts psychological symptoms was not specified in the records provided. A detailed evaluation by a psychiatrist was not specified in the records provided. A recent behavioral cognitive therapy evaluation note was not included in the records provided. Therefore, the request is not medically necessary.

Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of

the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Therefore, the request is not medically necessary.