

<b>Case Number:</b>	CM15-0014656		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/15/2004
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female who reported an injury on 02/15/2004. The mechanism of injury was lifting a patient. Her diagnoses included lumbosacral spondylosis, broad based L4-5, L5-S1, and left sided L4-5, L5-S1 herniated nucleus pulposus, and degenerative disc disease. Her medications included Soma, Percocet, baclofen 10 mg, Dulcolax stool softener 100 mg, ibuprofen 400 mg, Lidoderm patch 5%, and oxycodone 20 mg. Her treatments have included activity modification, cold therapy, exercises, heat therapy, therapeutic injections/blocks, medications, therapy stretching, and TENS unit. The progress report dated 12/30/2014 documented the injured worker had complaints of pain which she rated at a 4/10 to 8/10. Her surgical history is noncontributory. The injured worker has been conducting psychotherapy treatment secondary to ongoing pain and functional limitations resulting from her industrial injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Oxycodone 20mg #120 between 2/3/2015 and 3/9/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78.

**Decision rationale:** The request for Prescription of Oxycodone 20mg #120 is not medically necessary. The California MTUS guidelines state there are four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding improvement of physical and functional ability related to her medication. There is a lack of documentation regarding urine drug screens, review of CURES report, and a pain contract on file. The guidelines state there should be documentation of ongoing monitoring, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The request does not include dosing instructions. This medication is recommended for weaning purposes. The request for prescription of oxycodone 20mg #120 between 2/3/2015 and 3/9/2015 is not medically necessary.

**12 Cognitive Behavioral Therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Behavioral interventions (CBT).

**Decision rationale:** The request for 12 Cognitive Behavioral Therapy sessions is not medically necessary. ODG Psychotherapy Guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Recommend screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ) in the Low Back Chapter. Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. There is documentation that the injured worker has seen a psychotherapist for treatment in the past. There is a lack of documentation regarding the number of visits the injured worker participated in, and if there was progress being made related to those visits. There is also a lack of documentation of cognitive testing related to the cognitive behavioral therapy. Therefore, the request for 12 cognitive behavioral therapy sessions is not medically necessary.

