

<b>Case Number:</b>	CM15-0018406		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 40 year old male patient, who sustained an industrial injury on 10/15/2002. A therapy follow up note dated 12/11/2014 reported a chief complaint of lumbar back pain. It is described as sharp, stabbing and aching dsicomfort that is rated a 9 out of 10 in intensity and is constant. Associated symptom include numbness and weakness. He is also having difficulty sleeping and irritability secondary to the pain. The foloowing medications currently prescribed; Bisacodyl, Cymbalta, Diazepam, Colace, Famotidine, Hydromorphone 4, Senna, Morphine Sulphate ER 100, Biofreeze, cyclobenzaprine, gralise ER 600, Pantoprazole, Terocin lotion, Naproxen Sodium and Omeprazole DR. Physical examination found tenderness to palpation in the right sciatic notch, pain limited the range of motion of the lumbar spine and noted with parasthesias to light touch in the medical and lateral left leg and medial right leg. Sacroiliac joint compression test and a neurological slump test both with positive findings. He is diagnoosed with lumbosacral strain; lumbar or lumbosacral disc degeneration; strains and sprains of lumbar region and myofascial pain/myositis. A request was made for a psychological consultation. The following medications were discontinued; Biofreeze, Cyclobenzaprine, Cymbalta and Terocin lotion. On 0/07/2015 Utilization Review non-certified the request, noting the CA MTUS Psychological Consultations was cited. The injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Consultation (referral):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**Decision rationale:** According to the MTUS, Psychological treatment is Recommended for appropriately identified patients during treatment for chronic pain. psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following stepped-care approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor,1992) (Morley, 1999) (Ostelo, 2005)Further, the ODG also comment on CBT. The current evidence-based guidelines support the use of cognitive therapy for the treatment of stress related conditions. The official disability guidelines recommend cognitive therapy for depression. And initial trial of six visits over six weeks is recommended. A total of up to 13 to 20 visits over 13 to 20 weeks is recommended with evidence of objective functional improvement. According to the documents available for review, the patient meets the aforementioned MTUS approved indications for a psychological consult. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.

**Famotidine tab 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 70-73. Decision based on Non-MTUS Citation Famotidine, PPIs

**Decision rationale:** According to the documents available for review, the patient is taking Pantoprazole, Omeprazole and Famotidine. The concurrent use of all three of these agents for treatment of dyspepsia associated with the use of NSAIDS is not supported by the MTUS or the ODG. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.