

<b>Case Number:</b>	CM15-0113055		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/24/2005
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Arizona, 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 59-year-old male, who sustained an industrial injury on January 24, 2005. He reported a low back injury. He re-injured his low back a few weeks after the initial injury. The injured worker was diagnosed as having chronic pain syndrome; lumbar degenerative disc disease, right lumbar radiculopathy, lumbosacral postlaminectomy syndrome, and lumbar spine status post multiple surgeries with probable pseudoarthrosis and graft failure. Diagnostic studies to date have included MRIs, x-rays, and urine drug screening. Treatment to date has included 3 low back surgeries, physical therapy, chiropractic therapy, four steroid injections, bracing, an electrical stimulator unit, massage, and medications including short-acting and long acting opioid, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On May 18, 2005, the injured worker complains of constant low back pain, which was described as burning, aching, throbbing, tingling, shooting, numbing, and pressure. Associated symptoms include feeling depressed and difficulty concentrating. The pain improves with lying down and worsens with moving. He is currently taking two short-acting opioid and an anti-epilepsy medications. His pain is rated 6-9/10. The pain is rated 5-8 before taking the medication and 5/10 after the medication. The physical exam revealed good eye contact and no mood and affect deficits. There was a mild limp without difficulty walking on heel and toes, tandem gait, and full squat. There was a lumbar spine surgical scar, diffuse tenderness with palpation in the lumbopelvic region, and 25% of normal range of motion without any decreased strength or stability. There was normal muscle strength in the bilateral lower extremities, decreased sensation in the left lateral calf and foot, normal bilateral knee reflexes, and decreased reflexes in

bilateral ankles. The treatment plan includes 5 sessions of cognitive behavior therapy due to prolonged symptoms and disability, Ultram ER 100mg 2 per day, and a trial of Lyrica 75mg 1-2 per day for chronic neuropathic pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram ER 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain was not significantly improved while used in combination with Norco and Lyrica. In addition, there was no mention of Tylenol or Tricyclic failure. Recent Urine screen was no consistent with prior medication use and the request to continue Ultram is not medically necessary.

**Lyrica 75mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. Pain was no significantly controlled while on Lyrica and 2 opioids . Contribution to Lyrica symptom relief cannot be determined. There is no indication for continued use and the Lyrica is not medically necessary.

**Cognitive Behavioral Therapy x5 sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23.

**Decision rationale:** According to the guidelines, CBT is recommended with the following criteria: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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). In this case, the claimant is unable to improve pain with conservative measures. Psychological evaluation was requested in conjunction with CBT. Therapy was performed. The request is actually for 4 sessions in the progress notes and is appropriate and medically necessary.