

<b>Case Number:</b>	CM15-0172431		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Maryland

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

### 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 57 year old male who sustained an industrial injury on March 14, 2003. Previous treatment to include: activity modification, medications, psychiatric care, therapy, surgical intervention times four. A surgical evaluation dated September 18, 2012 reported the following treating diagnoses applied: full-thickness rotator cuff tear; status post rotator cuff repair and decompression 2003; rotator cuff repair failure; status post revisions in 2004, 2005, 2006, 2008; and cuff tear arthropathy. A primary treating follow up visit dated August 06, 2015 reported the plan of care with recommendation to continue with medications, and home exercises. Current medications consisted of: Norco, Restoril, and Neurontin. The impression diagnosed the worker with: status post rotator cuff repair times 6; left plantar fasciitis; chronic pain with severe reactive depression and anxiety requiring ongoing treatment and evaluation. Primary follow up dated June 16, 2015 reported the plan of care with recommendation for session of functionally oriented therapy directed at treating the left plantar fasciitis; psychiatric assessment, and continue with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric assessment followed by monthly psychiatric visits for 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Follow-up.

**Decision rationale:** Psychiatric assessment followed by monthly psychiatric visits for 12 months is not medically necessary per the MTUS Guidelines. The MTUS states that the initial assessment of patients presenting with stress-related complaints seeks to screen for potentially serious psychiatric disorders, to assess the patient's physical and psychosocial situation, and to establish an effective treatment plan. The MTUS states that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. The documentation indicates that the patient has reactive depression secondary to his chronic pain syndrome. The request for monthly psychiatric visits for one cannot be certified as medically necessary as follow up visits should be based on need and severity of symptoms therefore this request is not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term opioids without significant functional improvement therefore the request for continued Norco is not medically necessary.

**Restoril 30mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines, Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Restoril 30mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and using this medication beyond the MTUS recommended 4 week time period. The request for Restoril is not medically necessary.