MAXIMUS Federal Services

Case Number:	CM15-0049129		
Date Assigned:	03/23/2015	Date of Injury:	12/17/2012
Decision Date:	05/13/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: Illinois
Certification(s)/Specialty: Psychiatry

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 43-year-old male who reported an injury on 12/17/2012. The mechanism of injury involved repetitive heavy lifting. The current diagnoses include lumbosacral degenerative changes, right lower extremity radiculopathy, sacroiliac joint dysfunction and pain induced depression. The injured worker presented on 03/23/2015 for a followup evaluation. It was noted that the injured worker was utilizing gabapentin 600 mg and Hysingla 20 mg. The injured worker has signed an opiate contract on 02/05/2015. The injured worker reported an increase in the ability to sleep and a decrease in pain with the current medication regimen. Gastrointestinal symptoms have remitted with discontinuation of NSAIDs. Pain and anxiety related to the event have also diminished. Upon examination, there was limited range of motion of the thoracic and lumbar spine, a decrease in mid epigastric and right lower quadrant pain, positive straight leg raising at 45 degrees bilaterally, tenderness to palpation, 4/5 motor weakness on the left, and 2+ deep tendon reflexes bilaterally. The injured worker was instructed to continue with the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement despite the ongoing use of gabapentin. Therefore, ongoing treatment would not be supported. In addition, there was no frequency listed in the request. As such, the request is not medically necessary.

Hysingla Hydrocodone extended release 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of objective functional improvement despite the ongoing use of this medication. While it is noted that the injured worker has a signed pain contract, there was no documentation of any recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior. There is also no frequency listed in the request. As such, the request is not medically necessary.

Psychotherapy, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT).

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

Decision rationale: The California MTUS Guidelines recommend behavioral interventions and cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks including individual psychotherapy sessions may be appropriate. In this case, there was no documentation of a comprehensive psychological examination. The injured worker had previously been issued authorization for psychological testing for further assessment. Pending the results of the psychological testing, the medical

necessity for individual psychotherapy and cognitive behavioral therapy has not been established. As such, the request is not medically necessary.

Cognitive Behavioral Training, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT).

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

Decision rationale: The California MTUS Guidelines recommend behavioral interventions and cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks including individual psychotherapy sessions may be appropriate. In this case, there was no documentation of a comprehensive psychological examination. The injured worker had previously been issued authorization for psychological testing for further assessment. Pending the results of the psychological testing, the medical necessity for individual psychotherapy and cognitive behavioral therapy has not been established. As such, the request is not medically necessary.

Cognitive Behavioral Therapy consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) and Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

Decision rationale: The California MTUS Guidelines state psychological evaluations are recommended. Psychological evaluations should determine if further psychological interventions are indicated. In this case, it is noted that the injured worker had been issued an approval for psychological testing as part of a baseline examination. Pending the results of the evaluation, the medical necessity for a cognitive behavioral therapy consultation has not been established. As such, the request is not medically necessary at this time.