

Case Number:	CM15-0071065		
Date Assigned:	04/21/2015	Date of Injury:	01/07/2009
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 01/07/2009. According to a psychiatric follow up visit dated 01/29/2015, the injured worker was being followed for anxiety and depression. She continued to have chronic pains and anxiety. She continued to improve. Psychiatric medications included Pristiq, Xanax, Buspar, Seroquel XR and Vistaril. She was in the process of weaning off of Xanax. According to a primary treating physician progress report dated 03/02/2015, the injured worker was seen in regard to low back and left lower extremity pain. Pain was about the same. Low back pain radiated down the back of the left leg. She reported numbness and tingling in the left lateral leg. She had also been having problems with her ankle and foot. She continued to take Norco and Ultracet with good benefit and was tolerating it well. Pain level was 8 on a scale of 1-10 without medications and 3 with medications. With medications, she was able to take care of her home, walk, cook and clean. The provider noted that the injured worker was no longer seeing her psychiatrist because the provider was not on the MPN list and that her medication regimen also included Pristiq, Xanax and Buspar. He noted that she still continued to have anxiety and depression. Diagnoses included lumbar degenerative disc disease, status post L5-S1 disc replacement 10/2011, chronic low back pain, lumbar radiculitis, lumbar myofascial pain, depression, anxiety, status post bilateral carpal tunnel release, persistent mild carpal tunnel syndrome and status post left cubital tunnel release. A CURES report from 02/23/2015 was noted to be consistent and a urine toxicology dated 01/02/2015 was consistent. Currently under review is the request for Ultracet and an evaluation with a psychiatrist for anxiety, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg, Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 113, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Ultracet 37.5/325mg #60. Per 03/02/15 progress report, the patient is currently taking Norco, Ultracet, Prisliq, Xanax and BuSpar. "The patient reports good benefit with Ultracet and no side effects. Pain level is 8/10 without medication and 3/10 with medication. With medication, she was able to take care of her home, walk, cook and clean". "Opioid agreement in the chart" CURES report from 02/23/15 consistent "Urine drug toxicology from 01/02/15 consistent with the medications". The patient underwent 5 urine drug screenings between 05/14/14 and 01/02/15, with consistent results. The patient is currently not working. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provided urine drug screening reports, a CURES report and an opioid agreement for opiate management. The treater provided specific ADL's and before/ after pain scales showing significant functional improvement with analgesia. The patient is tolerating medications without significant side effects. All four A's appear to be documented as required by MTUS. The request is medically necessary.

Evaluation with Psychiatrist for Anxiety and 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official disability guidelines Mental illness & Stress chapter, Cognitive behavioral therapy (CBT).

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Evaluation with Psychiatrist and 12 Sessions. Per 03/02/15 progress report, "The patient is no longer able to see her psychiatrist [REDACTED] as he is no longer on the MPN,

but she needs a psychiatrist to prescribe her medication. She takes Pristiq, Xanax and BuSpar. The patient has seen a psychotherapist and that has been helpful for her though she continues to have anxiety and depression". The patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for psychological evaluations states these are recommended for chronic pain problems. Regarding psychological treatments, ACOEM page 398 states "It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks." ODG guidelines, under Mental illness & Stress chapter, supports CBT for major depression and anxiety disorders, up to 20 sessions initially and possibly up to 50 sessions if progress is being made. In this case, the treater requested "evaluation with psychiatrist and 12 sessions for anxiety." The diagnoses include depression and anxiety. The reports discuss the present need for psychology sessions, stating "The patient has had severe depression. She has had suicidal ideations in the past. Psychotherapy has been significantly helpful for her". Consult for psychological factors are supported by ACOEM guidelines when psychosocial factors are present. However, none of the reports indicate how many psychology sessions the patient has had and with what effectiveness. While a transfer to a different psychiatrist with physician network is needed, the current need for 12 sessions is not established given the lack of discussion regarding treatment history. The request is not medically necessary.