

<b>Case Number:</b>	CM15-0072223		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	05/11/2005
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old male, who sustained an industrial injury on 5/11/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having status post lumbar fusion (2006), lumbar sprain, thoracic or lumbosacral neuritis or radiculitis, unspecified, and postlaminectomy syndrome, lumbar region. Treatment to date has included diagnostics, surgical intervention, home exercise program, and medications. Several documents within the submitted medical records are difficult to decipher. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities and numbness and tingling to feet. Pain was rated 7-8/10. Gastrointestinal symptoms included nausea and heartburn. Current medication use included Norco, Cymbalta, Zanaflex, Colace, and Prilosec. The treatment plan included 8 sessions of cognitive behavioral therapy to decrease medication dependence and medication refills. A supplemental report, dated 2/10/2015, noted he "continues his consults with a psychiatrist" when referencing care in 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #100:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Colace.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Colace, CA MTUS recommends prophylactic treatment of constipation for patients undergoing opioid therapy. Within the documentation available for review, the patient is noted to be utilizing opioids. In light of the above, the currently requested Colace is medically necessary.

**Cognitive Behavior Therapy (8-sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 24-25 of 127.

**Decision rationale:** Regarding the request for CBT, CA MTUS recommends a trial of up to 4 sessions for patients with risk factors for delayed recovery, including fear avoidance beliefs if there is lack of progress from physical medicine alone: Within the documentation available for review, there is no current documentation of any psychological symptoms/findings, risk factors for delayed recovery, or lack of progress from physical medicine alone to address these issues. Furthermore, the request exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested CBT is not medically necessary.