

Case Number:	CM15-0073287		
Date Assigned:	04/21/2015	Date of Injury:	03/29/2013
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
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 48 year old who sustained an industrial injury on 03/29/2013. Diagnoses include cervical disc protrusions at C3-C4, and C4-C5, mild central stenosis at C4-C5, mild neural foraminal stenosis at C4-C5, facet joint arthropathy at C4-C5, and C5-C6, central stenosis at C5-C6, facet joint arthropathy at C6-C7, right neural foraminal stenosis at C6-C7, bilateral moderate-severe C6 neural foraminal stenosis, right cervical radiculopathy with right upper extremity weakness, cervical facet joint pain, right shoulder internal derangement, right shoulder surgery and right shoulder impingement. Treatment to date has included diagnostic studies, shoulder surgery, medications, cervical epidural steroid injections, physical therapy, and cognitive behavioral therapy. A physician progress note dated 03/04/2015 documents the injured worker complains of right neck pain, right shoulder pain and right arm pain. There is tenderness upon palpation of the cervical paraspinal muscles and right shoulder. There are right shoulder impingement signs, including Neer's and Hawkins's that were positive. Cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion. Treatment requested is for Cognitive behavioral therapy QTY: 6.00, and Norco 5/325mg QTY: 90.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Chapter 15 regarding Stress-related Conditions, pages 400-401. Decision based on Non-MTUS Citation (ODG) MTUS, Behavioral Interventions, Cognitive Behavioral Therapy guidelines for chronic pain, pages 23.

Decision rationale: Per Guidelines, cognitive behavioral therapy treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective and psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Submitted reports have not adequately identified how many behavioral therapy treatments the patient has received for this chronic injury nor its functional benefit derived from previous treatment in terms of decreasing medication dosing, decreasing medical utilization, improving ADLs, returning to some form of modified work which have not been provided here as the patient exhibits continued significant levels of depression, anxiety, and pain. The Cognitive behavioral therapy QTY: 6.00 is not medically necessary and appropriate.

Norco 5/325mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated

evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 5/325mg QTY: 90.00 is not medically necessary and appropriate.