

Case Number:	CM15-0073941		
Date Assigned:	04/24/2015	Date of Injury:	05/30/2007
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male, who sustained an industrial injury on 5/30/2007, while employed as a maintenance worker. He reported a lifting injury. The injured worker was diagnosed as having chronic pain disorder, generalized anxiety disorder, major depressive disorder, single episode, severe, and panic disorder. Treatment to date has included diagnostics, physical therapy, psychology therapy, and medications. On a progress note dated 3/09/2015, documentation indicated the injured worker complained of back pain. Current medications included Thermacare pads, Ibuprofen, Percocet, medicinal marijuana, Prilosec, Paxil, and Klonopin. He reported that deep breathing exercised have been helping him manage his psychological issues. He is not currently working. He also reported depression, chronic pain, anxiety, and sleep disturbance. Medication list included Seroquel, Klonopin, Paxil, Wellbutrin, and Inderal. The use of Ibuprofen was noted since at least 2012. Treatment request included 8 sessions of pain management counseling, Motrin, Ibuprofen, and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of pain management counseling: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Behavioral interventions (CBT).

Decision rationale: The request for pain management counseling appears to be consistent with Cognitive Behavioral Therapy (CBT), therefore these guidelines will be applied. According to MTUS guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. MTUS states that CBT and self-regulatory treatments have been found to be effective and psychological treatment incorporated into pain treatment has been found to have positive effects. ODG contains similar recommendations, stating that initial therapy for at risk patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. ODG recommends to consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone. Up to 13-20 visits over 7-20 weeks are indicated if progress is being made. Evaluation of symptom improvement should occur throughout the process. The medical documentation does contain evidence of physical therapy in the past and is no longer being pursued. An initial trial of CBT is currently underway and 4/6 sessions are completed. The patient and treating provider state that these sessions have helped decrease pain and deal with anxiety and other psychological issues. The request is for 8 additional sessions, and a total of 14 sessions falls within the recommended guidelines. Further sessions should be continually evaluated for their effectiveness. Therefore, I am reversing the prior UR decision, and the request for 8 sessions of pain management counseling (CBT) IS medically necessary.

1 prescription of Motrin 600mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: Motrin is the brand name for ibuprofen, a NSAID class of medication. According to MTUS guidelines, NSAIDs are recommended for acute exacerbation of musculoskeletal pain at the lowest effective dose for the shortest amount of time. ODG contains similar recommendations. Side effects with long-term use include cardiovascular risk as well as renal, hepatic, and gastrointestinal issues. The medical documentation indicates the patient has been on this medication for an extended period of time, in excess of what would be considered short-term use. Although Ibuprofen could potentially be utilized as first-line therapy for an acute exacerbation, the treating physician has not provided sufficient rationale regarding this utilization. Also, the refills indicate intent for continuing long-term therapy. The documentation

does not contain any additional evidence to clarify the reasoning for the use of this medication, and there is a separate request for another NSAID medication, and the patient is also on opioid medication. There is no indication why combination therapy is necessary. Therefore, the request for Motrin 600 mg #90 with 2 refills is not medically necessary at this time.

1 prescription of Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS; Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: Ibuprofen is a NSAID class of medication. According to MTUS guidelines, NSAIDs are recommended for acute exacerbation of musculoskeletal pain at the lowest effective dose for the shortest amount of time. ODG contains similar recommendations. Side effects with long-term use include cardiovascular risk as well as renal, hepatic, and gastrointestinal issues. The medical documentation indicates the patient has been on this medication for an extended period of time, in excess of what would be considered short-term use. Although Ibuprofen could potentially be utilized as first-line therapy for an acute exacerbation, the treating physician has not provided sufficient rationale regarding this utilization. Also, the refills indicate intent for continuing long-term therapy. The documentation does not contain any additional evidence to clarify the reasoning for the use of this medication, and there is a separate request for another NSAID medication, and the patient is also on opioid medication. There is no indication why combination therapy is necessary. The dosage of ibuprofen is also relatively high, which may not be the lowest effective dose. Therefore, the request for Ibuprofen 800 mg is not medically necessary at this time.