

Case Number:	CM15-0075261		
Date Assigned:	04/27/2015	Date of Injury:	10/23/2011
Decision Date:	07/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 56-year-old male, who sustained an industrial injury on 10/23/2011. The current diagnoses are thoracic sprain/strain, right lateral epicondylitis, radiculopathy, and degenerative disc disease of the thoracic spine. According to the progress report dated 4/1/2015, the injured worker complains of pain in the left wrist, right hand, and thoracic region. The pain is described as sharp, throbbing, pressure, and spasm. The pain is rated 5-8/10 on a subjective pain scale. The current medications are Flector patch, Norco, Klonopin, Zanaflex, Ambien, and Prozac. Treatment to date has included medication management and physical therapy. The plan of care includes referral to pain psychologist for pain and coping skills, urine toxicology screen, Norco, and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain psychologist for pain and coping skills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Behavioral interventions page 23. Psychological evaluations pages 100-101. Psychological treatment pages 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. 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. Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions indicate that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The pain management progress report dated 4/1/15 documented the patient's complaints of thoracic, right elbow, left wrist, thoracic, right hand, and lower back pain. Past medical history is positive for cancer and Von Willebrand's disease. Assessment was sprain strain thoracic region, lateral epicondylitis right, radiculopathy, and degenerative disc disease thoracic. The patient does have ongoing pain, requests medication. The patient continues to have pain. The medical records document a history of chronic pain and depression. Psychology consult was requested. The patient has a history of depression and would like to see a psychologist for emotional support and guidance. Referral to pain psychologist for pain and coping skills was requested. MTUS Chronic Pain Medical Treatment Guidelines recommend psychological evaluation and treatment and behavioral interventions. Therefore, the request for referral to a psychologist is supported by MTUS guidelines. Therefore, the request for referral to pain psychologist is medically necessary.

Urine Toxicology Screen: Overturned

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 Drug testing page 43. Opioids, criteria for use pages 76-77. Opioids, pain treatment agreement page 89. Opioids, steps to avoid misuse/addiction page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The pain management progress report dated 4/1/15 documented the patient's complaints of thoracic, right elbow, left wrist, thoracic, right hand, and lower back pain. Previous treatments include narcotic pain medication. Past medical history is positive for cancer and Von Willebrand's disease. Assessment was sprain strain thoracic region, lateral epicondylitis right, radiculopathy, and degenerative disc disease thoracic. Urine toxicology screen was ordered. The patient has ongoing pain. Klonopin was prescribed. Norco 10/325 mg #120 was prescribed. The medical records document that the patient has been prescribed opioids. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for a urine toxicology screen is medically necessary.

Norco 10/325mg #120: Overturned

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 Opioids page 74-96. Hydrocodone/Acetaminophen page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The pain management progress report dated 4/1/15 documented the patient's complaints of thoracic, right elbow, left wrist, thoracic, right hand, and lower back pain. Alleviating factors include heat, lying down, quiet, massage. Previous treatments include narcotic pain medication. The patient has a history of allergies to blood thinners. Past medical history is positive for cancer and Von Willebrand's disease. Assessment was sprain strain thoracic region, lateral epicondylitis right, radiculopathy, and degenerative disc disease thoracic. Urine toxicology screen was ordered. The patient has ongoing pain. He stopped all medication. He does have ongoing pain, requests medication. The patient was counseled as to the benefits of the medication and the potential side effects. The patient continues to have Pain and will continue medications at a lower level. Norco 10/325 mg #120 was prescribed. Medical records

document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/ Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Klonopin 0.5mg #30: 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 Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines, Clonazepam (Klonopin).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. The pain management progress report dated 4/1/15 documented the patient's complaints of thoracic, right elbow, left wrist, thoracic, right hand, and lower back pain. Klonopin was prescribed. Klonopin was prescribed on previous dates. Medical records document the long-term use of Klonopin (Clonazepam). Per MTUS, long-term use of Klonopin (Clonazepam) is not recommended. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. MTUS and ODG guidelines do not support the use of Clonazepam. Therefore, the request for Klonopin (Clonazepam) is not medically necessary.