

Case Number:	CM15-0078143		
Date Assigned:	05/28/2015	Date of Injury:	01/04/2005
Decision Date:	06/25/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
 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 (IW) is a 51 year old female who sustained an industrial injury on 01/04/2005. She sustained neck, right shoulder girdle, right upper extremity, mid back, low back, right buttock, and bilateral lower extremity pain with anxiety and depression symptoms secondary to an industrial injury in which she was working as a massage therapist when she suffered a slip and fall injury. Current diagnoses are anxiety state, depressive disorder, old medial collateral ligament disruption, foot joint pain, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, cervical post-laminectomy syndrome, disorder of bursa of shoulder region, enthesopathy of hip region, and chronic pain syndrome. According to notes of the 03/13/2015 visit, the IW reported continued neck, right shoulder girdle, right upper extremity, mid back, low back, right buttock, and bilateral lower extremity pain with anxiety and depression symptoms. The IW rates her pain as an 8-9 /10 decreasing to a 6/10 with Morphine, and she continues to have difficulty with swallowing. She complains of a choking sensation when clothes touch her incision. She complains of significant anxiety with her pain and thoughts of dying. She is taking Morphine and states her pain has increased significantly since stopping Oxycontin which reduced her pain better than the Morphine. Requests were made for Orthopedic post-operative evaluation, Nurse case management, Morphine 15mg #180, Rozerem 8mg #30, Nortriptyline HCL 25mg #30, and 6 CBT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine 15mg # 180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are enthesopathy of the hip region; degeneration cervical intervertebral disc; cervical post laminectomy syndrome; medial collateral ligament disruption. The documentation indicates the injured worker has multiple complaints including neck pain, right shoulder, right upper extremity, mid and low back pain, bilateral lower extremity pain 8/10. The injured worker has been using morphine sulfate 15 mg six tablets per day. The documentation indicates the injured worker has been taking opiates for years. Additional opiates include Norco one tablet every 3 to 4 hours. OxyContin appears to have been discontinued. A urine drug screen was inconsistent with cannabis detected in the specimen. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. According to the utilization review certification #1100395 recommendations for weaning morphine were made in September 2014. The morphine was modified from #182 tabs to #144. Several months have passed and the injured worker has not been weaned off morphine. There is no documentation indicating objective functional improvement with ongoing morphine. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing morphine 15 mg, risk assessments, detailed pain assessments and a completed attempt at weaning, Morphine 15mg # 180 is not medically necessary.

Rozerem 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers' Compensation, Chronic pain disorder medical treatment guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Insomnia treatment.

Decision rationale: Pursuant to the Official Disability Guidelines, Rozerem 8 mg #30 is not medically necessary. Rozerem is indicated for difficulty with sleep onset and is nonscheduled

(has no abuse potential). There is evidence to support the short-term and long-term use to decrease sleep latency; however total sleep time as not been improved. In this case, the injured worker's working diagnoses are enthesopathy of the hip region; degeneration cervical intervertebral disc; cervical post laminectomy syndrome; medial collateral ligament disruption. The documentation indicates the injured worker has multiple complaints including neck pain, right shoulder, right upper extremity, mid and low back pain, bilateral lower extremity pain 8/10. Documentation from an April 9, 2015 progress note does not contain subjective complaints of sleep difficulties or insomnia. There are no diagnoses indicating ongoing sleep difficulties or insomnia. The injured worker was on Lunesta in 2013. There is no documentation indicating objective functional improvement with Rozerem. Consequently, absent clinical documentation with subjective complaints of sleep difficulties and or insomnia and objective functional improvement with ongoing Rozerem, Rozerem 8 mg #30 is not medically necessary.

6 CBT sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy-CBT Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cognitive behavioral therapy.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, 6 CBT sessions are not medically necessary. Cognitive behavioral therapy guidelines for chronic pain include screening for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, up to 6 - 10 visits over 5 - 6 weeks (individual sessions). In this case, the injured worker's working diagnoses are enthesopathy of the hip region; degeneration cervical intervertebral disc; cervical post laminectomy syndrome; medial collateral ligament disruption. The documentation indicates the injured worker has multiple complaints including neck pain, right shoulder, right upper extremity, mid and low back pain, bilateral lower extremity pain 8/10. Additional problems include anxiety state and depressive disorder. There is no clinical documentation for the clinical indication or rationale for cognitive behavioral therapy in the April 9, 2015 progress note. The guidelines recommend an initial trial of 3 to 4 psychotherapy visits over two weeks. The documentation indicates no prior psychological treatment was offered or rendered to the injured worker. The treating provider requested 6 CBT sessions. 6 CBT sessions exceeds the recommended guidelines of the initial trial (3-4) psychotherapy visits over two weeks. Consequently, absent clinical documentation with a clinical indication and rationale (in the treatment plan) and a provider request that exceeds the recommended guidelines (six CBT sessions), 6 CBT sessions are not medically necessary.