

<b>Case Number:</b>	CM15-0079439		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 55 year old male who sustained an industrial injury on 10/02/12. Initial complaints and diagnoses are not available. Treatments to date include medication, physical therapy, an intracorticosteroid injection to his right knee, and an injection to his left greater trochanteric bursa. Diagnostic studies include MRIs. Current complaints include right foot, ankle, knee, left hip and knee pain, and low back pain. Current diagnoses include right knee medial meniscus tear, right ankle avascular necrosis, left knee internal derangement, reactionary depression/anxiety; medication induced gastritis, diabetes mellitus, and left hip sprain/strain. In a progress note dated 03/26/15 the treating provider reports the plan of care as medications including Ultracet, Prilosec, Anaprox, and Norco, a right ankle fusion, psychiatric treatments, continued Cymbalta and trazadone, as well as physical therapy, follow-up for management of his diabetes mellitus, and 10 individual Cognitive Behavioral Therapy sessions, and a urine drug screen on the day of service. The requested treatments are a urine drug screen, Norco, Prilosec, and 10 individual Cognitive Behavioral Therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request is for a urine drug screen. In this case, the patient was positive for benzodiazepines and THC in January, 2015. The records submitted are unclear as to whether previous test results have been addressed or effected treatment decisions. The medical necessity of the request is not established.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS Guidelines state that opioids are suggested for neuropathic pain that has not responded to first-line recommendation such as antidepressants and antiepilepsy medications. In this case, the patient is also prescribed Ultracet for pain and there is no rationale presented justifying the use of two different opioids. There is also no evidence that first-line agents have been tried and failed. Therefore the request is deemed not medically necessary or appropriate.

**Retro Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-73.

**Decision rationale:** The CA MTUS states that PPI drugs such as Prilosec are indicated when the patient is at intermediate to high risk of a GI event secondary to NSAID therapy. With the documentation available for review, there is no evidence that the patient is at risk for GI events with NSAID use and does not meet the criteria for prophylactic treatment with a PPI. The request for Prilosec is deemed not medically necessary or appropriate.

**Individual cognitive behavioral therapy sessions x 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological treatment Page(s): 101-102.

**Decision rationale:** CA MTUS states that psychological evaluations and treatment are recommended in selected use in pain problems. In this case, the patient has received psychological treatment, however has demonstrated no functional improvement or symptomatic benefit according to the records reviewed. The request for continued cognitive behavioral therapy is therefore not medically necessary or appropriate.