

<b>Case Number:</b>	CM15-0090833		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	02/22/2001
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Pennsylvania, Ohio, 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 60-year-old female with an industrial injury dated 02/22/2001. Her diagnoses included lumbar 4-5 and lumbar 5-sacral 1 disk protrusion with moderate to severe bilateral nerve canal stenosis, bilateral lumbar facet pain, bilateral lumbosacral radicular pain, significant weight gain, sleep disorder and anxiety and depression. Prior treatment included Neurontin (not beneficial), Lyrica (caused palpitations), cognitive behavioral therapy and medications. Her current complaints on 02/24/2015 included moderate to severe constant lower back pain constantly radiating into lower extremities. Physical exam revealed limping gait favoring right side. Lower back showed midline tenderness with bilateral lumbar facet tenderness noted. Right sacroiliac joint tenderness was noted. Thoracic and lumbar spine movements were painful. Right lower extremity was weak due to pain. Treatment plan included 4 aquatic therapy sessions, cognitive behavior therapy once every 2 weeks for 12 weeks, Hysingla ER 60 mg # 60, Norco 10/325 mg # 180 and Trazodone 50 mg # 60. Physical therapy was originally requested however the injured worker preferred aquatic therapy at a center near her home. Twelve sessions of cognitive behavioral therapy had been requested previously. However, the program was not started due to lack of transportation. The provider documents the injured worker has urine drug screens every 3-4 months, is compliant with her medications and has no red flag behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hysingla ER 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP, Opioids Page(s): 82-8, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**4 aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.

**COPE/CBT once every 2 weeks for 12 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

**Decision rationale:** MTUS strongly recommends cognitive behavioral therapy as an adjunct to other forms of pain management for patients at risk for delayed recovery. However, MTUS generally recommends up to 10 visits of CBT over 6 weeks. The current request substantially exceeds the treatment guidelines though there is no rationale for such an exception. This request is not medically necessary.