

Case Number:	CM15-0094226		
Date Assigned:	05/20/2015	Date of Injury:	08/18/2006
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 67-year-old male who sustained a work related injury August 18, 2006 due to a fall. Past history included status post (s/p) L5-S1 fusion, s/p laminectomy x 3, s/p right total hip arthroplasty, s/p C3-4 anterior decompression and fusion. Diagnoses include lumbar radiculopathy, L4-S1 facet arthropathy, C4-5 spinal cord compression with myelopathy, C5-6 and C6-7 moderate foraminal stenosis, left knee arthroplasty status post revision, chronic pain, headaches, opioid dependence, and depression. Treatments have included surgery, medication, physical therapy, knee brace, treatment by a psychologist and a psychiatrist including psychotherapy, use of an H-wave unit, and massage. The injured worker has not worked since 2007. An Agreed Medical Examination from January 2015 includes a summary of records, which notes that Oxycontin and oxycodone were prescribed in 2011. Progress notes from the current treating orthopedist from November 2014 note ongoing use of Oxycontin and oxycodone. Medications as of March 2015 included Cymbalta, Colace, Lunesta, Oxycontin, and oxycodone. The records submitted include progress notes from visits with a pain management physician, orthopedist, psychologist, and psychiatrist. At a visit on 3/26/15 with the psychiatrist, the injured worker reported being more depressed due to pain, with poor sleep, the dose of Lunesta for sleep was increased. At a visit on 4/1/15 with a pain management physician, the injured worker reported chronic neck pain, shoulder pain, left knee pain, and low back pain with radiation down both legs and numbness in the left leg. It was noted that the injured worker's most recent urine drug screen was consistent with prescribed analgesics. It was noted that Oxycontin and Percocet reduce pain from 10/10 to 6-7/10 in severity, without side effects other than

constipation. Medications were noted to enable the injured worker to perform activities of daily living such as dishes, vacuuming, and gardening. According to a primary treating physician's orthopedic spine surgery progress report, dated April 20, 2015, the injured worker presented with complaints of neck pain radiating to the arms with an unbalanced gait and associated headaches, rated 5-6/10. Examination showed no tenderness on examination of the neck, with intact sensation in the bilateral upper extremities and motor examination showing decreased elbow extension of 3/5 but otherwise normal motor power of the upper extremities. Cervical spine surgery was discussed. Disability status was noted as permanent and stationary. According to an individual psychotherapy progress note, dated April 22, 2015, the injured worker presented with improved mood and activity as a result of receiving home care; speech therapy, physical therapy, and occupational therapy. He is able to garden and walk and spend extended periods of time at outside of the home events. Diagnoses are documented as chronic pain and major depressive disorder, single episode. Treatment plan included individual psychotherapy/cognitive behavioral therapy, and medication management with the psychiatrist. At issue is the request for authorization for follow-up with two physicians (psychologist and psychiatrist), Oxycontin, and Roxicodone. On 5/7/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: This injured worker has chronic multifocal pain, including low back and neck pain. Oxycontin and Roxicodone (Oxycodone) have been prescribed for at least 6 months and the documentation indicates that these medications may have been prescribed for several years. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no discussion of functional goals. Work status was noted as permanent and stationary, and the documentation indicates the injured worker has not worked since 2007. One urine drug screen was discussed and submitted. There was no current documentation of an opioid contract. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." There was no documentation of functional improvement as a result of use of opioid medication. Although the current regimen was noted to allow the injured worker to perform some activities of daily living,

there was no documentation of return to work, reduction in medication, or decrease in dependence on medical care, as continued frequent visits with multiple providers were documented. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Roxicodone 15mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic multifocal pain, including low back and neck pain. Oxycontin and Roxicodone (Oxycodone) have been prescribed for at least 6 months and the documentation indicates that these medications may have been prescribed for several years. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no discussion of functional goals. Work status was noted as permanent and stationary, and the documentation indicates the injured worker has not worked since 2007. One urine drug screen was discussed and submitted. There was no current documentation of an opioid contract. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." There was no documentation of functional improvement as a result of use of opioid medication. Although the current regimen was noted to allow the injured worker to perform some activities of daily living, there was no documentation of return to work, reduction in medication, or decrease in dependence on medical care, as continued frequent visits with multiple providers were documented. As currently prescribed, roxicodone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Follow up with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 405 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision) - pp. 1068.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions p. 23, psychological evaluations and treatment p. 100-102 Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: cognitive behavioral therapy (CBT), cognitive therapy for depression.

Decision rationale: This request is for follow up with the treating psychologist. This injured worker has diagnoses of chronic pain and depression, and he has undergone several sessions of individual psychotherapy with this provider. Per the MTUS, psychological evaluations are recommended with selected use in pain problems and the chronic pain populations. Psychological interventions are recommended for appropriately identified patients during treatment of chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The MTUS for chronic pain states that an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, and that with evidence of functional improvement, there may be a total of 6-10 visits over 5-6 weeks. Regarding cognitive therapy for the treatment of depression, the ODG states that studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. In this case, the submitted documentation included four visits for psychotherapy with the psychologist, in March and April of 2015. There was no documentation of functional improvement as a result of these visits. There was no documentation of return to work, improvements in activities of daily living, reduction in medication use, or reduction in office visits as a result of the psychotherapy provided to date. As such, the request for follow up visit with the listed provider is not medically necessary.

Follow up with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 405 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision) - pp. 1068.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines behavioral interventions p. 23, psychological evaluations and treatment p. 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: office visits.

Decision rationale: This request is for follow up with the treating psychiatrist. This injured worker has diagnoses of chronic pain and depression, and he has had prior visits with the psychiatrist for medication management. Per the MTUS, psychological evaluations are recommended with selected use in pain problems and the chronic pain populations. Psychological interventions are recommended for appropriately identified patients during treatment of chronic pain. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This injured worker is being treated with cymbalta and lunesta for depression and sleep disturbance, with notation of adjustment of the

dose of lunesta by the treating psychiatrist in March 2015. The Utilization Review determination states that the submitted documentation did not reflect objective evidence of psychological dysfunction; however, the progress notes from both the treating psychiatrist and the treating psychologist do note ongoing psychological issues. As there was documentation of ongoing psychiatric issues, and as the guidelines recommend use of antidepressants and referral for medication evaluation for the treatment of depression, the request for a follow up visit with the listed psychiatrist is medically necessary.