

<b>Case Number:</b>	CM13-0009431		
<b>Date Assigned:</b>	09/16/2013	<b>Date of Injury:</b>	02/24/2007
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the clinical documentation, the patient is a 51-year-old individual who sustained an injury on 02/24/07. Mechanism of injury was not documented in the clinical records submitted with this request. According to the Office Visit dated 7/09/13 by [REDACTED], the patient was authorized a treatment at [REDACTED]. [REDACTED] the most recent outbreak was greatly exacerbated by work stress. The provider had not indicated in the request if this was inpatient or outpatient and the duration. There were no subjective and objective findings documented in the clinical records submitted with this request. According to the 6/25/13 notes, the patient had been depressed, can't get out of bed, can't laugh and needed medications. Patient was also referred to chiropractor due to pain (location, intensity of pain was not documented). Medications included Xanax 0.25mg 3-4 times a day; Lunesta 3 mg at bedtime, Ritalin 10 mg three times a day pm, Cymbalta 60 mg, and Elavil 25 mg at bedtime. According to the case summary, the patient was diagnosed with stress. This is a review for medical necessity of the requested [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COPE for chemical dependency and alcoholism:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids and Opioids, on-going management Page(s): 34,78.

**Decision rationale:** The Chronic Pain Guidelines indicate that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also indicate that there are 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Chronic pain programs recommend assessing the effects of interdisciplinary pain programs on patients who remain on opioids throughout treatment, and to determine whether opioid use should be a screening factor for admission to or continuation in a program. For this case, the request for the COPE program was non-specific in both duration, as well as inpatient and/or outpatient aspects. Because of the lack of specificity, the COPE program as requested does not meet medical necessity guidelines