

Case Number:	CM13-0025343		
Date Assigned:	11/20/2013	Date of Injury:	05/22/1997
Decision Date:	01/31/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/17/2013

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:

This is a 45 year old male who has been treated with OxyContin, Levitra, ibuprofen and Cosamin DS. He has a history of neurogenic bladder and has had back surgery in addition to ankle and bladder surgery. He has had intractable back and ankle pain. OxyContin has not proven to be effective for this patient over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg XR 12H, #90: Upheld

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

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

Decision rationale: The opiate treatment trial had exceeded 12 weeks, and was still ineffective. There was no attempt to monitor the patient for drug misuse. There was no evidence in the records provided of an effort to wean the patient off of oral opiates. The patient has several different treatment modalities that should lessen pain offered to him. The OxyContin is no longer effective for his pain, and as such is not medically necessary per guideline.

Psychological evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The CA MTUS Chronic Pain Management Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 (Effective July 18, 2009) on pages 100 and 101 states Psychological evaluations in the context of pain. In this particular case the patient's need for a psychological evaluation is at least three fold. First, the patient needs to be weaned off of OxyContin, and will require psychological evaluation and support before, during and after that weaning. Second, the patient needs to be evaluated for alternative treatments that have been proposed. Third, the patient will need specific coping strategies to deal with pain and the discomfort that is likely to accompany opiate discontinuation. Given the multidimensional nature of this patient's needs, one psychological evaluation is medically necessary per the cited guidelines.

Psych treatment for learning coping skills for chronic pain condition: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

Decision rationale: The guidelines cited above, the treaters who wrote on behalf of the patient and this reviewer all agree that the patient needs psych treatment for learning coping skills for chronic pain condition. Psychological evaluators often link patients they evaluate with ways they can improve coping. Further, the request above "Decision for psych treatment for learning coping skills for chronic pain condition" has no endpoint. Because this request is for unlimited treatment into perpetuity, and because the coping skills are being provided for in another section of this review, my Decision for psych treatment for learning coping skills for chronic pain condition is that it is not medically necessary.

Psychotherapy with [REDACTED]: Upheld

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

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

Decision rationale: In this case the records show no evidence of a trial of psychotherapy. Further, the way that this request is worded, "Decision for psychotherapy with [REDACTED]" does not indicate an endpoint to treatment. Given the lack of a documented trial, and the lack of a treatment endpoint, the request as worded does not meet medical necessity per guidelines.

Biofeedback with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

Decision rationale: In this case the records show no evidence of a trial of biofeedback. Further, the way that this request is worded, "Decision for biofeedback with [REDACTED]" does not indicate an endpoint to treatment. Given the lack of a documented trial, and the lack of a treatment endpoint, the request as worded does not meet medical necessity per guidelines.

Clearance for stim trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: In this particular case, the patient may very well benefit from a stim trial. However, a psychological evaluation has been requested and now found medically necessary. The evaluator will be able to see the proposed stim trial and can comment on it. To find medical necessity for a separate evaluation for a stim trial at this point would be duplicative and unnecessary.

Bilateral superior cluneal nerve stimulation trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: In this particular case, the patient may very well benefit from a cluneal nerve stimulation trial. However, a psychological evaluation has been requested and now found medically necessary. The psychological evaluator will be able to see the proposed cluneal nerve stimulation trial and can comment on it. To find medical necessity for a separate evaluation for a cluneal nerve stimulation trial at this point would be duplicative and unnecessary.