MAXIMUS Federal Services

Case Number:	CM13-0032530		
Date Assigned:	01/17/2014	Date of Injury:	12/12/2011
Decision Date:	03/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Occupational Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic neck pain, wrist pain, carpal tunnel syndrome, and psychological stress reportedly associated with an industrial injury of December 12, 2011. Thus far, he has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and at least six prior sessions of psychotherapy in August 2013. In a Utilization Review Report of September 30, 2013, the claims administrator denied a request for Naprosyn, approved a request for Protonix, and denied a request for cognitive behavioral therapy. The applicant's attorney subsequently appealed. An earlier note of October 1, 2012 is notable for comments that the applicant is off of work, on total temporary disability. A progress note of November 26, 2013 is notable for comments that the applicant reports 7/10 pain. The applicant states that symptoms are adequately managed as a result of ongoing medication usage. The applicant is presently on Naprosyn and Protonix. A pain psychology consultation, acupuncture, and work restrictions are endorsed. It does not appear that the applicant is working with said limitations in place. Multiple other handwritten notes interspersed throughout 2013 are notable for comments that the applicant is off of work, on total temporary disability, including a September 25, 2013 note, handwritten, which states that the applicant is pursuing various treatments including massage therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 prescription of Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication topic Page(s): 22.

Decision rationale: While Page 22 of the MTUS Chronic pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic neck and back pain reportedly present here, in this case, however, the applicant has failed to effect any lasting benefit or functional improvement through prior usage of Naprosyn. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various forms of medical treatment, including psychotherapy, acupuncture, massage therapy, manipulation, etc. Continuing Naprosyn without evidence of material functional improvement is not indicated. Therefore, the request is not certified.

The request for 14 cognitive behavioral therapy (CBT) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

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

Decision rationale: As noted on Page 23 of the MTUS Chronic pain Medical Treatment Guidelines, cognitive behavioral therapy should initially be employed on a three- to four-visit trial basis. In this case, the applicant has had at least six sessions of prior psychotherapy to date. There is no evidence of objective functional improvement which would justify additional treatment beyond the initial course. The applicant has failed to return to work. The applicant seemingly has heightened complaints of anxiety, depression, etc., in addition to having persistent complaints of neck pain, mid back pain, wrist pain, etc. Continuing psychotherapy without evidence of functional improvement is not recommended. Therefore, the request is not certified.