

<b>Case Number:</b>	CM14-0004668		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. The expert reviewer is Board Certified in Psychiatry, and is licensed to practice 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 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/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 injured worker is a 35 year old male with date of injury 8/11/2003. Documentation noted that he was post-op after left hand surgery with sutures noted on exam. He was given the diagnosis of Chronic Regional Pain Syndrome ( CRPS), depression, anxiety, and joint pain in the hand. He developed a scar neuroma and flexion contractures. He has been treated with cognitive behavioral therapy, medications, occupational therapy, and procedural management, including carpal tunnel release and median nerve neurolysis in 11/11. The most recent provider note was dated 1/13/14. Date of the UR decision was 12/31/13. Of note, there is a later UR determination included in the records available for my review, however this determination is not the subject of this IMR. The physical examination demonstrates Allodynia and features consistent with CPRS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Visits of pain psychology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment,page(s) 23, 100-102 Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress,cognitive therapy for depression.

**Decision rationale:** The injured worker has been seeing the same pain psychologist for seven years, according to an AME performed by a psychiatrist. His most recent notes are available for documentation. Neither those notes nor the notes of the primary treating physician discuss the injured worker's progress, or any evidence of objective functional improvement with the psychotherapy. The request is not medically necessary.

**Oxycontin 20mg, #270:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines p78  
Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines p78 describes recommendations regarding on-going management of opioids. It should be noted that there are different criteria for acute post-operative use of opiates and use of opiates for chronic pain. This determination was performed on 12/31/13, and it was noted the injured worker was postop on 1/4/14. However, all indications suggest that the requested treatment was not requested for acute post-op pain, but was instead requested for chronic, ongoing pain. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Review of social history reveals psychiatric challenges partially resulting from pain and disability. It is also noted that at the age of 35 the injured worker is being prescribed testosterone replacement therapy and a phosphodiesterase inhibitor, implicating opiate-induced testosterone deficiency. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and there is documentation of an appropriate UDS in 2013. There is no documentation comprehensively addressing pain relief and functional improvement in the records available for my review, so this request is not medically necessary.