

Case Number:	CM14-0008794		
Date Assigned:	02/12/2014	Date of Injury:	04/14/2011
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopaedic Surgery 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 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 female who was injured on April 14, 2011. On January 7, 2014, the injured worker is documented as presenting for a medication refill with continued complaints of shoulder and hand pain. The record demonstrates previous use of Norco and Tramadol, as well as Gabapentin, Naproxen, and Topamax with pain rated as 4/10. The injured is documented as having 90% functional improvement while utilizing opioids. Current medications are documented as being Gabapentin, Naproxen, and Topamax. There is no documentation the injured is utilizing opioids. A subsequent progress note dated February 3, 2014 indicates a prescription for Tramadol was provided. The utilization review in question was rendered on January 8, 2014. The reviewer non-certified the request for urine drug screen and for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL CONSULTATION TO DETERMINE RECOMMENDED TREATMENT QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT,PAGE 101

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of cognitive behavioral therapy and psychological evaluation for individuals with chronic pain. Based on clinical documentation provided, the injured does have chronic pain. As such, the request is medically necessary.

URINE DRUG SCREEN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, page 77

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opiates Page(s): 43, 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of your drug screening to ensure that medications are properly being utilized. Based on the clinical documentation provided, injured appears to be utilizing Tramadol. As such, the request is medically necessary.