

Case Number:	CM14-0151478		
Date Assigned:	09/19/2014	Date of Injury:	01/12/2009
Decision Date:	10/23/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/17/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 01/12/2009. Reportedly, she was pushing the food cart, a wheel got stuck, and the whole cart fell on top of her. She used her left arm to try to stop it, and in the process her left arm got stretched and twisted. 1 tray fell and hit her across the face and she had a huge laceration on her face. Both arms got burnt from food. She also sustained injuries to her right knee, left shoulder, right wrist, and entire back. The injured worker had a urine drug screen on 04/30/2014 that was negative for hydrocodone. On 04/30/2014, the injured worker complained of pain with increased numbness and tingling to the right hand and wrist. Medications included Duragesic patches, Norco, Cymbalta, Neurontin, Colace, Ambien, and Flexeril. There was no physical examination provided. Diagnoses included RSD of left upper extremity, left shoulder pain, and neck pain. The injured worker's treatment history included medications, MRI studies, EMG studies, trigger point injections, and physical therapy. The injured worker was working the kitchen as inmate labor. She was pushing the food cart, a wheel got stuck, and the whole cart fell on top of her. She used her left arm to try to stop it, and in the process her left arm got stretched and twisted. 1 tray fell and hit her across the face and she had a huge laceration on her face. Both arms got burnt from food. She also sustained injuries to her right knee, left shoulder, right wrist, and entire back. The injured worker had a urine drug screen on 04/30/2014 that was negative for hydrocodone. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen submitted indicated opioid compliance for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. The injured worker had a urine drug screen on 04/30/2014 that was negative for opioid usage. As such, the request for Norco 10/325mg #120 is not medically necessary.

8 psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavior therapy (CBT) guidelines for chronic pain

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

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The request for 8 psychotherapy is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines states that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The documentation submitted failed to indicate the injured worker's long term functional goal. Depression is common in chronic pain, especially CRPS patients. However, the provider failed to indicate the injured worker has failed physical medicine exercise instruction and an exercise therapy program. Additionally, the requested amount of visits would exceed the recommended amount per guidelines. As such, the request for 8 psychotherapy visits is not medically necessary.

