

Case Number:	CM14-0172536		
Date Assigned:	10/23/2014	Date of Injury:	03/05/2007
Decision Date:	11/25/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/18/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in North Carolina. 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 37-year-old female who reported an injury on 03/05/2007. The mechanism of injury was not provided. The injured worker has diagnoses of complex regional pain syndrome, pain to legs and right upper extremity, mood disorder, and chronic fatigue. Past medical treatment has included medications, spinal cord stimulator, Intrathecal pump implants, psychotherapy sessions, and aqua therapy. Diagnostic testing was not provided. There is no pertinent surgery provided. The injured worker does have an Intrathecal pump implanted on 09/16/2014, and 2 spinal cord stimulators, dates not provided. On date of exam 09/03/2014, the injured worker stated she continues to have upper extremity pain described as a 7/10 using the visual analog scale, and in lower extremities, and 8/10 on the pain scale. She describes her pain as "relentless," described as a constant burning, stabbing sensation. The physical examination revealed her mood continues to be fragile, reporting anxiety, depression, and being worried about the lapse of coverage in her care. The injured worker is ambulatory, with an antalgic steady gait, using a single point cane to the left hand. Strength is at least anti-gravity throughout the upper and lower extremities, but positive for giveaway weakness throughout the upper and lower extremities. Medications were not provided other than instructions to discontinue methadone 5 mg 4 times a day in the interim of the replacement with levorphanol 1 mg 4 times a day. Therefore, she may begin Cipro upon discontinuation of methadone. Other medications she is taking are in her Intrathecal pump implant and by mouth medications levorphanol 2 mg, methadone 5 mg, Neurontin 900 mg 3 times a day and 600 mg in the morning, EMLA cream, Celebrex 200 mg, Remeron 15 mg, Cymbalta 60 mg, and Actiq 1200 mcg. The treatment plan is for psychotherapy sessions x10, [REDACTED]; pharmacy purchase of levorphanol 2 mg #90, and methadone 5 mg #30. The rationale for the request was not submitted. The Request for Authorization form was submitted on 10/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY SESSIONS X 10 [REDACTED]: Upheld

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

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

Decision rationale: The request for Psychotherapy Sessions X 10 [REDACTED] is not medically necessary. The California MTUS guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 sessions over 5-6 weeks. There is lack of documentation of how many psychotherapy sessions the injured worker has had. There is lack of evidence of objective functional improvement noted after the initial trial. Therefore the request for Psychotherapy Sessions X 10 [REDACTED] is not medically necessary.

PHARMACY PURCHASE OF LEVORPHANOL 2MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Pharmacy Purchase of Levorphanol 2mg #90 is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation the patient has improved functioning and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is not medically necessary.

METHADONE 5MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Methadone 5mg #30 is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation the patient has improved functioning and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. The documentation on 09/03/2014 stated the provider discontinued this medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is not medically necessary.