

Case Number:	CM14-0035723		
Date Assigned:	06/23/2014	Date of Injury:	11/25/2013
Decision Date:	08/07/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 56-year-old with a date of injury of 11/25/03. A progress report associated with the request for services, dated 12/12/13, identified subjective complaints of chronic pain requiring addictive medication therapy. Objective findings included no evidence of a thought or mood disorder. The patient was noted to have positive drug tests in the past for non-prescribed substances. The diagnoses included depression and pain disorder with a medical problem. The treatment has included an infusion pump. A Utilization Review determination was rendered on 03/12/14 recommending non-certification of ten sessions with psychologist and monthly urine drug tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) Sessions with Psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 101.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guideline state that psychological evaluations are recommended. They are well-established diagnostic procedures

for selected pain problems as well as widespread use in chronic pain populations. Psychological treatment is recommended for appropriately identified patients during treatment of pain. Specific steps are listed for treatment, but no frequency or duration of treatment is specified. In this case, the non-certification was modified to six sessions. However, this was not based upon recommendations for a set number of treatments, but rather reasonableness of the request. In this case, ten sessions would not be unreasonable, and the record does document the medical necessity for ten psychological sessions. As such, the request is not certified.

Monthly urine drug tests: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

Decision rationale: This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) states that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in low-risk patients, yearly screening is appropriate. Moderate risk patients for addiction/aberrant behavior are recommended to have point-of-contact screening two to three times per year. High risk patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. In this case, there is documentation of behavior that would classify the claimant as high-risk. The non-certification was modified to 3 monthly screens. Though monthly screening is indicated for a period of time, unending monthly screening is not. Therefore, the record does not document the medical necessity for drug screens in the manner requested. As such, the request is not certified.