MAXIMUS Federal Services

Case Number:	CM14-0055622		
Date Assigned:	07/09/2014	Date of Injury:	02/06/2006
Decision Date:	08/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, chronic pain syndrome, and depression reportedly associated with an industrial injury of February 6, 2006.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; muscle relaxants; and antidepressants.In a Utilization Review Report dated April 16, 2014, the claims administrator partially certified a request for psychological evaluation including eight sessions of psychological treatment as a psychological evaluation only and partially certified request for Norco 10/325 #120 as Norco 10/325 #60. The claims administrator seemingly exclusively cited non-MTUS ODG Guidelines in its decision for psychiatric treatment, although the MTUS did in fact address the topic. The claims administrator stated, somewhat incongruously, that the applicant was working in one section of the report and then stated there was no evidence that Norco has been beneficial and therefore partially certified the same.The applicant's attorney subsequently appealed.In a September 3, 2013 progress note, the attending provider posited that the applicant's ongoing usage of opioid therapy, including ongoing usage of Norco, had ameliorated the applicant's ability to function, perform self-care and personal hygiene, and allow the applicant to work despite ongoing neck pain complaints.A November 20, 2013 progress note was notable for comments that the applicant was working as a medical transcriptionist at Kaiser Foundation Hospital. The applicant was using Cymbalta, Norco, Tenormin, Levoxyl, Ativan, and Fiorinal, it was stated. The applicant did have issues with anxiety and depression, it was acknowledged. The applicant was obese, with a BMI of 32, it was stated.Multiple progress notes interspersed throughout 2014, including April 9, 2014, March 12, 2014, and March 10, 2014 were all notable for comments that the applicant was in fact working in some cases on a part-time basis at a rate

of 6 hours a day. The applicant stated that Norco was generating appropriate analgesia at a rate of thrice daily. The applicant was somewhat depressed, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation + 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Mental Illness &; Stress Procedure Summary last updated 04/09/2014. ODG Psychotherapy Guidelines.

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

Decision rationale: The request for a psych evaluation and eight sessions of psychological treatment are not medically necessary, medically appropriate, or indicated here.While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend behavioral intervention to identify and reinforce coping skills in the treatment of chronic pain, as is present here, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines endorses an initial trial of three to four sessions of psychotherapy as opposed to the eight-session course seemingly being proposed here. It is further noted that the attending provider has not clearly established whether or not the applicant had had prior psychotherapy treatment over the course of the claim. The request, thus, does not conform to MTUS parameters. Therefore, the request is not medically necessary.

Norco 10/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Opioids for Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid, conversely, is medically necessary, medically appropriate, and indicated here.As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has successfully returned to work. The applicant is reporting appropriate analgesia with ongoing Norco usage. The applicant is reporting improved ability to perform activities of daily living as a result of ongoing Norco usage, including increased ability to perform activities of self-care, household chores, and personal hygiene. Continuing Norco, on balance, is indicated. Therefore, the request is medically necessary.