

<b>Case Number:</b>	CM14-0077124		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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 and Rehabilitation 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 49-year-old left-hand dominant female who sustained injuries on May 17, 2011. She was diagnosed with complex regional pain syndrome; carpal tunnel syndrome; left shoulder internal derangement status post superior labrum from anterior to posterior tear repair, biceps tenodesis, and subscapularis tendon debridement times three (2008, 2011, and 2013); enthesopathy of left elbow region status post cadaveric tendon transplant. She has a medical history of asthma, gastroesophageal acid reflux, and post-traumatic stress disorder. She has allergies for hydrocodone, lactose, oxycodone, and oxycontin. Progress report dated January 16, 2014 notes the injured worker's complaint of chronic left shoulder and elbow pain. Medication regimen included Advil 200 mg, gabapentin 300 mg, and tramadol 50 mg. With tramadol, she reported 30% relief of pain from 2 to 4 hours without any side effects. Her treating physician advised her to begin with hydrocodone/ acetaminophen 5/325 mg. Six physical therapy sessions to the left upper extremity was also prescribed. Progress report dated February 13, 2014 noted that the injured worker's indicated improvement with range of motion and strength of the left shoulder with physical therapy sessions. Pristiq extended release 50 mg was then requested to address her neuropathic pain. Additional sessions were requested for approximately 8 weeks. In April 10, 2014, it was indicated that the injured worker's case was declared permanent and stationary to include future medical care. On evaluation, the injured worker was noted to have symptoms consistent with depression secondary to her chronic pain syndrome. As such, her treating physician requested authorization for six sessions of pain psychology and cognitive behavior therapy to learn active pacing strategies. The injured worker was also seen for functional capacity evaluations on March 31, 2014 and April 9, 2014 with focus on the left upper extremity. It was determined that the injured worker's performance during the functional capacity evaluation matches and/or exceeds the position of a cashier night

shift and that she may return to work with full duty. Recent progress report dated May 8, 2014 indicated continued complaints of chronic left shoulder and left elbow pain. She had recently been authorized four sessions of pain psychology. Cervical spine exam showed tenderness over the paraspinal muscles overlying the facet joints, and trigger points over the upper trapezius muscles with muscle spasms. Muscle atrophy was noted in the flexor carpi ulnaris and joint swelling over the wrist of the left upper extremity. Joint tenderness was noted in the elbow joint and within the extensor carpi ulnaris of the left upper extremity. Range of motion of the left shoulder was decreased in all planes. Left shoulder motor strength was 4/5 in all planes. Left hand grip strength was 4/5. Sensory exam showed diminished sensation in the C8-C7 dermatomes in the left side. Medication regimen includes gabapentin 300 mg, hydrocodone/acetaminophen 5/325 mg, ondansetron hydrochloride 8 mg, and tramadol 50 mg. With tramadol, the injured worker reported 20% relief of musculoskeletal components of her pain when used for "breakthrough". The injured worker is deemed temporarily totally disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CONTINUED PAIN PSYCHOLOGY SESSIONS (PAIN MANAGEMENT): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102, 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend psychological therapy for chronic pain. As per guideline, an initial trial of 3 to 4 psychotherapy visits over two weeks is recommended. If there is evidence of objective functional improvement after the initial 3 to 4 visits, a total of up to 6 to 10 visits over 5 to 6 weeks may be utilized. Review of medical records submitted indicated that the injured worker has been authorized four sessions of pain psychology (pain management). However, the submitted records do not indicate that the trial visits have been completed in order to assess for objective functional improvement to warrant continued sessions. Therefore, it can be concluded that the medical necessity of the continued pain psychology sessions (pain management) is not medically necessary at this time.

#### **COGNITIVE-BEHAVIORAL THERAPY (CBT) CONSULTATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological treatment Page(s): 101-102, 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend psychological therapy for chronic pain. However, for starting behavioral therapies, the guidelines strictly state an initial trial of 3 to 4 visits over a two week period and that with objective functional

improvement, a request for an additional 3 to 6 visits (total of 6 to 10) over 5 to 6 weeks may be authorized. Review of medical records submitted indicates that the injured worker has recently been authorized pain psychology sessions (pain management) 1x 4. However, there was no documentation from the approved psychology sessions indicating sufficient degree of functional improvement to justify visits of cognitive behavioral therapy. Therefore, it can be concluded that the medical necessity of the cognitive behavioral therapy consultation is not medically necessary at this time.

**TRAMADOL 50MG #90 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 76-80, 80-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines have provisions for opioids, but require certain criteria for ongoing monitoring. The criteria include documentation available for review of 4 A's: adverse effects, activities of daily living, monitoring of aberrant behaviors, and analgesic efficacy. The medical records submitted does indicate that the injured worker reported "20% relief of musculoskeletal components of her pain" and an increase in activities of daily living. However, there has been no documentation submitted regarding current urine drug testing to monitor compliance and establish a risk assessment profile or attempts at weaning/ tapering. Medical records indicated the injured worker has been on tramadol since at least December 2013. There is also no clear indication why the injured worker requires the use of two short-acting opioids. Therefore, it can be concluded that the medical necessity of tramadol 50 mg #90 with two refills is not medically necessary at this time.

**HYDROCODONE/ACETAMINOPHINE 5/325 MG # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-80, 80-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines have provisions for opioids, but require certain criteria for ongoing monitoring. The criteria include documentation available for review of 4 A's: adverse effects, activities of daily living, monitoring of aberrant behaviors, and analgesic efficacy. As per guideline, the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation for the clinical use of Opioid medication. For the prospective request of hydrocodone/acetaminophen 5/325 mg #90, the documentation provided does not provide evidence consistent with the provisions of the guidelines. There has been no documentation submitted regarding current urine drug testing to monitor compliance and establish a risk assessment profile or attempts at weaning/ tapering of this medication. More importantly, an evaluation report dated October 25, 2013 is available

wherein it clearly listed hydrocodone under the patient's allergies, along with lactose, oxycodone, and oxycontin. Therefore, it can be concluded that the medical necessity of hydrocodone/acetaminophen 5/325 mg #90 is not medically necessary.