

Case Number:	CM14-0078109		
Date Assigned:	08/06/2014	Date of Injury:	01/15/2010
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/28/2014

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:

This is a 60-year-old female with a 1/15/10 date of injury. The mechanism of injury occurred during her course of duty as a correctional officer. According to a primary treating provider report dated 6/8/14, the patient complained of bilateral upper extremity pain rated as 4 on a scale of 1 to 10 with medications and 8 without medications. The patient stated that her activity level has increased and her medications are working well. Objective findings show restricted shoulder movements, tenderness noted in the biceps groove, glenohumeral joint, and subdeltoid bursa. Diagnostic impression is shoulder pain. According to a psychological progress report dated 8/6/14, the patient stated that things are improving in terms of the way she looks at her pain. The patient was noted to be dysphoric with a subdued and constricted affect. Her thought content was more future-oriented, though it remained principally pain-focused. The patient reported improved pain management and that therapy sessions have helped to progress treatment. She has become more aware of how her thoughts affect her mood and pain. Diagnostic impression is adjustment disorder with anxiety, major depressive disorder, pain disorder associated with both psychological factors, and a general medical condition. Treatment to date includes medication management, activity modification, TENS unit, surgery, and psychotherapy. A Utilization Review decision dated 5/8/14 denied the requests for Nexium, 8 additional sessions of psychotherapy, and 8 additional sessions of psychophysiological therapy. Regarding Nexium, Omeprazole is a first-line medication and stated to be working well. The need for a PPI while on NSAIDS has now been clarified, changing from a first-line medication to the Nexium is not supported. Regarding 8 additional sessions of psychotherapy and 8 additional sessions of psychophysiological therapy, an unknown quantity of sessions have been provided and long-term psychological treatment needs are not shown. No report shows that she cannot be transitioned to a program of self-care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 20mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Nexium).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient had previously been taking Omeprazole for prophylaxis since she is on chronic NSAID therapy. However, the provider stated that he is starting the patient on Nexium because a prior UR decision had denied Omeprazole. There was no documentation of why Omeprazole had been denied, and there was no clear rationale provided as to why a different PPI would be necessary or would benefit the patient differently. Therefore, the request for Nexium 20 mg qty. 30 was not medically necessary.

Additional sessions of psychotherapy Qty: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: Modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits are appropriate. The patient has already completed 6 psychotherapy sessions. However, 8 additional sessions would exceed guideline recommendations. A specific rationale as to how the additional sessions would benefit the patient or the end-goals of additional treatment was not provided. It is unclear if the provider has addressed the issue of self-care with the patient. Therefore, the request for Additional sessions of psychotherapy Qty: 8 was not medically necessary.

Additional sessions of psychophysiological therapy Qty: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. The patient has already completed 6 psychophysiological therapy sessions. However, 8 additional sessions would exceed guideline recommendations. A specific rationale as to how the additional sessions would benefit the patient or the end-goals of additional treatment was not provided. It is unclear if the provider has addressed the issue of self-care with the patient. Therefore, the request for additional sessions of psychophysiological therapy qty. 8 was not medically necessary.