

Case Number:	CM15-0006451		
Date Assigned:	01/26/2015	Date of Injury:	11/08/2012
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male who reported an injury on 11/08/2012. The mechanism of injury was due to lifting, bending, and twisting. His diagnoses included right shoulder pain, bilateral knee pain, and cervical radiculitis. His past treatments included medication. On 12/01/2014, the injured worker complained of chronic back, and neck pain; bilateral knee pain, and shoulder pain. The injured worker also indicated he had associated symptoms of aching, dullness, sharp, stabbing, burning, and tingling in the extremities. He also rated his pain at 9/10 without medication and 6/10 with medication. The injured worker stated that hydrocodone at an average of 60 mg per day, helped with pain management. The documentation also indicated the injured worker has tried medication management; however, has not tried any other therapies. The documentation indicated the medication management discussion with the injured worker, included discouragement from increasing the opioid dosage, and hopefully to look for a treatment plan that allows for decrease of the dose, and to rely more on conditioning physical therapy. The treatment plan included pain psychologist consult and hydrocodone 60 mg #180 with 2 refills, to work on conditioning for physical therapy. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychologist consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 34-35.

Decision rationale: The request for a pain psychologist consult is not medically necessary. According to the California MTUS Guidelines, criteria for a multidisciplinary approach include: an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; patient has a significant loss of ability to function independently resulting from the chronic pain; patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and have negative predictors of success above have been addressed. The injured worker was noted to not have tried any forms of conservative therapies other than opioids. Based on the lack of documentation indicating other forms of therapy having been tried prior to a consultation to pain management in the chronic pain program, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Hydrocodone 60mg #180 with 2 refills: 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 hydrocodone 60 mg #180 with 2 refills is not medically necessary. According to the California MTUS Guidelines, there should be ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There was lack of documentation in regards to objective functional improvement; an objective decrease in pain; evidence of monitoring for side effects, and the occurrence of any potential drug related behaviors. In the absence of the above, the request is not supported by the evidence based guidelines. A recommendation for weaning should be implemented for patients on long term opioid regimens. As such, the request is not medically necessary.