

<b>Case Number:</b>	CM15-0103118		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 61 year old female who sustained an industrial injury on 06/07/2000 resulting in cumulative injuries to the bilateral upper extremities. Treatment provided to date has included: medications. Diagnostic testing was not provided nor was it mentioned in the clinical notes. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/27/2015, physician progress report noted complaints of ongoing pain in the right upper extremity pain and sensitivity. The report indicated that the injured worker's long term opiate intake has allowed for use of her arms and function with self-care and activities of daily living. It was also noted that the right hand complex regional pain syndrome has worsened in the absence of opiate analgesic medications resulting in her fingers turning painfully blue. The physical exam revealed severe pain in the right arm with it held close to the body, restricted range of motion in both shoulders, moderate swelling in the right wrist with hypersensitivity in the dorsal radial nerve distribution, restricted range of motion in the right thumb with hypersensitivity, reduced in sensation in the ulnar nerve distribution of the right hand, and moderate radial hyperpathia in the right wrist. The provider noted diagnoses of de Quervain's tendonitis status post release with radial nerve release, long term use of analgesics, opiate tolerance-now in tapering mode, chronic pain syndrome, depression, sleep disorder, history of left shoulder rotator cuff repair, history of 1st dorsal compartment repair, focal complex regional pain syndrome with neuropathic pain in the right wrist and right upper extremity, psychomotor with mild slowing with loss of concentration and focus due to chronic pain, and right sided borderline motor and borderline to mild sensory demyelinating medial mononeuropathy at the wrist consistent with carpal tunnel

syndrome. Plan of care includes continuing medications as prescribed. The injured worker's work status was not mentioned. Requested treatments include Hysingia, Norco, 4 sessions of psychotherapy, psychological trial testing and 12 sessions of cognitive behavioral training.

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

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

#### **Hysingia (long acting Hydrocodone) 40mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Opioids, Criteria for Use Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

**Decision rationale:** On 3/23/2015 the PTP noted that Norco 10/325 only provides 2 hours of relief, and therefore added extended release hydrocodone to the medication regimen. On 4/6/15 PTP noted that extended release hydrocodone doubles the amount of sleep she experiences and enables her to perform some activities of daily living, however there is no such documentation regarding efficacy of Norco. In-office UDS was performed and was inappropriately positive for oxycodone. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation of a recent CURES report, and since the most recent UDS returned aberrant results, and therefore the request is not medically necessary.

#### **Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Opioids, Criteria for Use Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

**Decision rationale:** On 3/23/2015 the PTP noted that Norco 10/325 only provides 2 hours of relief, and therefore added extended release hydrocodone to the medication regimen. On 4/6/15 PTP noted that extended release hydrocodone doubles the amount of sleep she experiences and enables her to perform some activities of daily living, however there is no such documentation regarding efficacy of Norco. In-office UDS was performed and was inappropriately positive for oxycodone. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation of a recent CURES report, and since the most recent UDS returned aberrant results, therefore the request is not medically necessary.

**Psychotherapy, quantity: 4 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): (s) 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks. If lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 week; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions); There is no detailed documentation available for my review describing the goals for the proposed treatment, nor describing the effects of previous CBT/psychotherapy. There is a simultaneous request for psychological testing, and an aberrant UDS. While the results of the testing may reveal the need for CBT and/or psychotherapy, at this time the request is not medically necessary.

**Psychological trial testing:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, page 115.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Psychological evaluations.

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. I respectfully disagree with the UR physician's assertion that there is no objective evidence of psychological disorder, as the injured worker improved globally with antidepressant therapy, has had a depressed affect, psychomotor delay, and impaired sleep. The most recent documentation also includes validated psychological scales supporting the aforementioned. Since there is a perceived need for psychosocial interventions, and these have been disputed, psychological testing is medically necessary in this case.

**Cognitive behavioral training, quantity: 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, pages 224-226 and Official Disability Guidelines (ODG): Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): (s) 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks. If lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions); There is no detailed documentation available for my review describing the goals for the proposed treatment, nor describing the effects of previous CBT/psychotherapy. There is a simultaneous request for psychological testing, and an aberrant UDS. While the results of the testing may reveal the need for CBT and/or psychotherapy, at this time the request is not medically necessary.