MAXIMUS Federal Services

Case Number:	CM15-0109568		
Date Assigned:	06/16/2015	Date of Injury:	05/10/2014
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 34 year old female who sustained an industrial injury on 5/10/14. The injured worker was diagnosed as having wrist pain, arm pain, right arm numbness, myalgia and myositis and chronic pain syndrome. Currently, the injured worker was with complaints of right wrist discomfort. Previous treatments included medication management. Previous diagnostic studies included an electromyography. The injured workers pain level was noted as 8/10. Physical examination was notable for tenderness to palpation to the right thumb base and lateral aspect of the hand and limited range of motion due to pain. The plan of care was for cognitive behavioral therapy and medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of cognitive behavioral therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions p. 23 AND Psychological evaluations pp. 100-102.

Decision rationale: The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS also states that psychological evaluations are recommended for widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS also suggests that the primary treating physician screen for patients that might benefit from psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. Upon review of the documentation provided, it appeared reasonable to consider cognitive behavioral therapy at this stage in her recovery from the injury. However, the request was for 6 sessions, rather than the Guideline-recommended 3-4 sessions as the initial trial number of sessions. Therefore, this particular request for 6 sessions will be considered medically unnecessary as such.

Motrin 800 mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was only reports of pain level reduction with the collective use of her medications, including Motrin and only vague reports of pain reduction from Motrin use (not measurable). However, there was no separate report to show clear and measurable functional gain and pain level reduction directly related to Motrin, independent of the other medications taken. Also, it generally is not recommended to use NSAIDs chronically as such, particularly at such as high dose as the risks associated with their use are significant. Therefore, due to the above reasons, the Motrin will be considered medically unnecessary.