

Case Number:	CM15-0132870		
Date Assigned:	07/21/2015	Date of Injury:	04/30/2013
Decision Date:	09/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 50-year-old, male who sustained a work related injury on 4/30/13. The diagnoses have included right ankle pain status post surgery and depression, frustration and anger. Treatments have included ankle injections, physical therapy, medications, TENS unit therapy, home exercises, acupuncture and right ankle surgery. In the office visit note dated 6/10/15, the injured worker complains of constant, sharp, burning right ankle pain. He rates his pain level a 4-5/10. He has redness and swelling in the inferior lateral aspect of the lateral malleoli of the ankle. He has tenderness to palpation of lateral aspect of ankle. He has decreased range of motion in right ankle. He is not working. The treatment plan includes requests for a neuropsychology evaluation, for cognitive behavioral therapy and prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg Qty 30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta, Duloxetine Page(s): 13, 15-16, 42, 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cymbalta; Antidepressants for chronic pain.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). In this case, the medication was ordered on 4/1/15 for numbness and tingling. He does not have any complaints of numbness or tingling and he doesn't recall taking this medication. In addition, there is report that he has gastrointestinal upset taking this medication. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.

Tramadol 60 mg, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. This injured worker is not working. There is insufficient documentation of functional capabilities. This is an initial order for Tramadol. There has not been a discussion with this patient about starting this medication or discussion about possible side effects. There is insufficient documentation about how the other medications have been working to relieve his pain. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Evaluation with a Neuropsychologist for the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head chapter - Neuropsychological testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neuropsychological Testing.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity for the requested evaluation. The ODG states that neuropsychological testing is "recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days." There is no indication for this testing for an ankle injury. There is also no documentation that diagnostic and therapeutic management have been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Cognitive Behavioral Therapy for relaxation and coping skills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Testing Page(s): 101-102.

Decision rationale: Per CA MTUS guidelines, cognitive behavioral treatment is a form of psychological treatment. It is "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short- term effect on pain interference and long-term effect on return to work. " This patient has anger, frustration and depression associated with his chronic pain. These symptoms increase his pain symptoms. The requested treatment for a cognitive behavioral evaluation is medically necessary.