

Case Number:	CM15-0145551		
Date Assigned:	08/06/2015	Date of Injury:	08/16/2011
Decision Date:	09/10/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 46-year-old who has filed a claim for complex regional pain syndrome (CRPS) of the bilateral upper extremities and major depressive disorder (MDD) reportedly associated with an industrial injury of August 15, 2011. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve requests for Oxycodone, Valium, and cognitive behavioral therapy. The claims administrator referenced an RFA form received on July 6, 2015 in its determination. The claims administrator did partially approve six of the eight cognitive behavioral therapy treatments, it was reported, and also issued partial approvals for several medications. The claims administrator contended that the applicant had not had previous cognitive behavioral therapy, per its record. The claims administrator contended that the cognitive behavioral therapy (CBT) was intended for chronic pain purposes (as opposed to for depressive purposes). The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that the most recent note on file was dated June 2, 2015. On said June 2, 2015, a medical-legal evaluator issued supplemental report granting the applicant various impairment ratings for various issues associated with CRPS. Medication selection and medication efficacy were not discussed or detailed. In an applicant questionnaire dated April 28, 2015, the applicant acknowledged that he was not, in fact, working, owing to difficulty gripping, grasping, difficulty performing various activities, and difficulty sleeping. On April 14, 2015, the applicant reported ongoing complaints of bilateral elbow, bilateral wrist, and hand pain, left greater than right. The applicant was on Oxycodone, OxyContin, Advair, albuterol, Nasonex, Allegra, Desyrel, and Cymbalta, it was reported. Desyrel was endorsed for sleep purposes. The applicant was receiving total temporary disability, it was reported in the Social History section of the note. Oxycodone, OxyContin, and Cymbalta were renewed. The attending provider

contended that the applicant's pain complaints had been attenuated as a result of ongoing medication consumption. The attending provider stated that the applicant's ability to perform activities of daily living such as self-care and personal hygiene had been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, the treating provider acknowledged on April 14, 2015. The applicant was receiving Workers' Compensation indemnity benefits on that date, it was reported. While the treating provider recounted some reported reduction in pain scores effected as a result of ongoing medication consumptions, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care and personal hygiene as a result of ongoing medication consumption did not constitute evidence of a meaningful improvement in function effected as a result of ongoing Oxycodone usage. Therefore, the request was not medically necessary.

Valium 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Valium, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the 90-tablet, one-refill supply of Valium at issue implied chronic, long-term, and/or scheduled usage of the same, i.e., usage which runs counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Cognitive behavioral therapy x8 sessions to treat chronic pain: Upheld

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

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

Decision rationale: Finally, the request for eight sessions of cognitive behavioral therapy to treat chronic pain was likewise not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend behavioral interventions in the chronic pain context present here, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that cognitive behavioral therapy should initially be delivered via a three- to four-session clinical trial over two weeks. Here, thus, the request for an eight-session cognitive behavioral therapy, thus, was/is at odds with page 23 of the MTUS Chronic Pain Medical Treatment Guidelines. A clear or compelling rationale for such a lengthy and protracted course of therapy was not furnished by the attending provider. Therefore, the request was not medically necessary.