

Case Number:	CM15-0204839		
Date Assigned:	10/21/2015	Date of Injury:	06/07/2000
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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 6-7-00. The injured worker was diagnosed as having depression aggravated by chronic pain, focal complex regional pain syndrome, type 2 and neuropathy pain in right wrist and right upper extremity and sleep disorder due to chronic pain. Subjective findings (6-29-15, 7-22-15, 8-10-15 and 8-31-15) indicated 7-8 out of 10 pain in the right upper extremity and wrist. The injured worker continues to walk daily as tolerated. Objective findings (6-29-15, 7-22-15, 8-10-15 and 8-31-15) revealed right shoulder abduction is 60 degrees and flexion is 130 degrees. The right wrist was moderately swollen in the radial aspect. As of the PR2 dated 9-21-15, the injured worker reports increased pain by over 50%. She rates her pain 8 out of 10. The treating physician noted that crying episodes and depression have increased with denied opiate medications and the injured worker is unable to sit without crying due to severity of pain in the right wrist. Objective findings include a PHQ-9 score of 23, right shoulder abduction is 60 degrees and flexion is 130 degrees. The treating physician noted that examination of the right wrist was not tolerated. Current medications include Lidocaine 4%, Duloxetine, Topiramate, Cyclobenzaprine, Brintellix and Morphine Contin (since at least 8-31-15). Treatment to date has included Opana, Hysingla and Norco. The Utilization Review dated 10-1-15, non-certified the request for CBT consultation and four sessions of psychotherapy, psychological trial testing, and cognitive behavioral training and Morphine Contin 15mg #130.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT consultation and four sessions of psychotherapy, psychological trial testing, and cognitive behavioral training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

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). Upon review of the submitted documentation, it is noted that the injured worker has undergone psychological screening tests which suggest significant psychological symptomatology. If this was an initial request, then medical necessity could be considered. However, since elements of the requested treatment have been rendered previously, and there is no documentation regarding the effect of previous related treatment/assessment/testing, and why repeated treatment / assessment / testing is indicated, the request is not medically necessary.

Morphine Contin 15mg quantity 130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In regards to history of medication usage, it appears this medication was prescribed in September 2015, however opiate medications have been prescribed for years prior. 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 nonadherent) 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." Review of the available medical records reveals no documentation to support the medical necessity of morphine nor any documentation addressing the "4 A's" domains, which is a recommended practice for the on- going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects with the most recent opiate trial. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, it is not clear why the functional disability of being unable to sit because of chronic wrist pain can be explained anatomically. 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 comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall documentation of the aforementioned, medical necessity cannot be affirmed.