

Case Number:	CM15-0216455		
Date Assigned:	11/06/2015	Date of Injury:	05/05/2011
Decision Date:	12/28/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/03/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck pain, headaches, and depression reportedly associated with an industrial injury of May 5, 2011. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve requests for 6 psychological consultations and oxycodone. The claims administrator apparently partially approved request for a psychological consultation as 4 sessions of psychotherapy/cognitive behavioral therapy. The claims administrator referenced an October 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 29, 2015, the applicant was placed off of work, on total temporary disability. The applicant had received 12 recent manipulative treatments, the treating provider reported, and had also received psychological testing in the clinic. Earlier trigger point injections were not successful, the treating provider acknowledged. The applicant had mild depression and anxiety, the treating provider contended in one section of the note. A traction device, Norco, and tramadol were endorsed while the applicant was kept off of work. On an earlier handwritten note dated May 26, 2015, the applicant was, once again, placed off of work, on total temporary disability. On October 21, 2015, the treating provider sought authorization for a psychological consultation plus 6 sessions of counseling for depression and anxiety secondary to pain. Highly variable pain complaints were reported, 6-7/10 with medications versus 10/10 without medications. The applicant was using Norco and tramadol, the treating provider stated in one section of the note. The applicant contended that he had become tolerant to both Norco and tramadol. The applicant was described as having moderate issues with anxiety and depression. A psychological consult-6

sessions was sought. The applicant was described as quite depressed owing to uncontrolled pain complaints. Norco and tramadol were discontinued. Oxycodone was endorsed on a trial basis. The applicant was described as on permanent disability, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation, Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

Decision rationale: No, the request for a psychological consultation, qty: 6, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 388 acknowledges that applicants whose [mental health] symptoms become disabling or persist beyond 3 months should be referred to a mental health professional, here, however, the attending provider did not clearly state why 6 psychological consultation(s) were sought. The request, as written, was ambiguous. It was not clear whether the request in fact represented request for 6 psychological consultations or request for 6 psychological counseling sessions. Therefore, the request was not medically necessary.

Oxycodone 10 mg Qty 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia.

Decision rationale: Conversely, the request for oxycodone, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. The attending provider contended on the October 21, 2015 office visit at issue that he intended for the applicant to rotate over oxycodone after having previously employed other opioids to include Norco and tramadol. The treating provider contended that Norco and tramadol were waning in efficacy as of the October 21, 2015 office visit at issue. Page 96 of the MTUS Chronic Pain Medical Treatment Guidelines notes that opioid rotation is an option in applicants who developed hyperalgesia with previously prescribed opioids. Rotation over to oxycodone was, thus, indicated on or around the date in question, October 21, 2015. Therefore, the request was medically necessary.