MAXIMUS Federal Services

Case Number:	CM14-0095952		
Date Assigned:	07/25/2014	Date of Injury:	04/16/1999
Decision Date:	07/08/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 43-year-old female, who sustained an industrial injury on 4/16/99. The injured worker has complaints of being unable to chew on right side of mouth and cannot use right arm for any period. The documentation noted that right arm range of motion is particularly limited. The diagnoses have included complex regional pain syndrome (CRPS) right upper extremity and right arm pain. Treatment to date has included stellate ganglion block; epidural injections; ketamine infusions are helpful; morphine sulfate and nucynta. The request was for one spinal cord stimulator trial and possible implant; morphine sulfate IR 30mg, #200; morphine sulfate 50mg, #60; nucynta 75mg, #60 and twelve psychiatric counseling sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Cord Stimulator Trial and Possible Implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable spinal cord stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Percutaneous cervical spinal cord Stimulator Official disability Guidelines, Pain chapter.

Decision rationale: MTUS treatment guidelines do not specifically discuss the spine stimulator. The request is for Percutaneous Cervical Cord Stimulator Trial (unspecified length of stay): Official Disability Guidelines state very specific guidelines for an implanted stimulator. This includes but is not limited to, Failed Back syndrome, realistic expectations of procedure, no substance abuse, no contraindications, and permanent placements requires evidence Neurostimulation is considered ineffective in treating nociceptive pain. There is no documentation of a psychological evaluation that states that the pain is not psychological for the patient. There is also no documentation that states there are no contraindications for this particular surgery. According to the clinical documentation provided and current guidelines; the requirements for the stimulator implantation have not been met. Therefore, it is not indicated to be medically necessary for the patient at this time.

Morphine Sulfate IR 30mg, #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. In addition, according to the documentation provided, there has been no significant change in character of the pain. According to the clinical documentation provided and current MTUS guidelines; Morphine, as written above, is not indicated medically necessary for the patient at this time.

Nucynta 75mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid

medication is recommended if there is no overall improvement in function. In addition, according to the documentation provided, there has been no significant change in character of the pain. According to the clinical documentation provided and current MTUS guidelines; Nucynta, as written above, is not indicated as medically necessary for the patient at this time.

Twelve (12) Psychiatric Counseling Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy, Therapy for Depression, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral therapy - psychiatric counseling sessions Page(s): 23.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Cognitive Behavioral therapy. MTUS guidelines state the following: Behavioral interventions: 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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). The current request exceeds the recommended trial of 4 visits by the MTUS guidelines. According to the clinical documentation provided and current MTUS guidelines; Cognitive Behavioral therapy, as written above, is not indicated as a medically necessary for the patient at this time.