

Case Number:	CM15-0066232		
Date Assigned:	04/21/2015	Date of Injury:	07/10/2000
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 53 year old female who sustained an industrial injury on 07/10/2000. She reported pain in the neck with radicular symptoms. The injured worker was diagnosed as having other chronic pain; degeneration of cervical intervertebral disc; brachial neuritis or radiculitis not otherwise specified. Treatment to date has included treatment with a pain management specialist and administration of transdermal Fentanyl patch with follow-up in a multidisciplinary pain management center. Currently, the injured worker complains of chronic pain. The plan of treatment is to follow up with physical therapy and cognitive behavioral therapy at the pain management clinic and to continue the use of Fentanyl patches. A progress report dated January 26, 2015 indicates that the patient's pain is 9/10. The note indicates that the patient's quality of life deteriorated significantly when she weaned to the patch below 50 mg. The treatment plan recommends fennel patch at 12 mg with continued weaning. An appeal letter dated February 20, 2015 states the medication helps the patient tolerate activities. Psychiatric review of systems is negative for depression, insomnia, and anxiety. Urine drug screens and DEA reports have been consistent. The treatment plan recommends physical therapy 48 visits, fentanyl 50 mg, and cognitive behavioral therapy 9 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 48: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114 and Official Disability Guidelines, Neck and Upper back Chapter, Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Additionally, guidelines do not support ongoing physical therapy without regular documentation of objective functional improvement and ongoing treatment goals. As such, the currently requested 48 visits is inconsistent with guideline recommendations. Therefore, the current request for physical therapy x48 is not medically necessary.

Cognitive Behavioral Therapy x 9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for Cognitive Behavioral Therapy x 9, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are no subjective complaints of psychological issues, no mental status exam, and no indication of what is intended

to be addressed with the currently requested psychological consultation. In the absence of clarity regarding those issues, the currently requested Cognitive Behavioral Therapy x 9 is not medically necessary.

Fentanyl 50 ug: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Duragesic (fentanyl), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some information indicating that the patient has objective functional improvement as a result of fentanyl patch. However, it is unclear what degree of functional improvement or analgesic efficacy the patch has provided previously. Furthermore, progress reports indicate that the patient is being weaned from the fentanyl patch. Additionally, the current open-ended request for fentanyl 50 mg, is inconsistent with guideline recommendations for ongoing evaluation of opiate pain medications in order to justify continued prescribing. In light of the above issues, the currently requested Duragesic (fentanyl) is not medically necessary.