

Case Number:	CM15-0076054		
Date Assigned:	04/27/2015	Date of Injury:	06/07/2000
Decision Date:	06/30/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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 is a 61 year old female, who sustained an industrial/work injury on 6/7/00. She reported initial complaints of pain to the bilateral upper extremities, back pain, and foot pain. The injured worker was diagnosed as having de Quervain's tendonitis and chronic pain syndrome. Treatment to date has included oral and topical medication and surgery (release of radial nerve, rotator cuff repair). Currently, the injured worker complains of neuralgia in the arms with symptoms of complex regional pain syndrome with cyanosis in her hands. Pain would reach to 10/10. Sleep disturbances would occur and depression due to chronic pain. Per the physician's report of 3/13/15, opioid taper is in progress. Examination revealed motor jerking in the upper extremities, right arm held close to the body and in a very guarded position. Finklestein's was mild, right wrist had swelling and was hypersensitive to touch in the dorsal radial nerve distribution, thumb sensitivity, sensation was reduced in the ulnar nerve distribution of the right hand, radial hyperpathia was severe at the wrist, and right hand colder than the left. The requested treatments include CBT consultation and 4 sessions of psychotherapy, Psychological testing, 12 Sessions of CBT training, and Hysingia.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT consultation and 4 sessions of psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Stress Chapter, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CPMTG, Psychological Evaluations and Treatment Page(s): 100-102.

Decision rationale: Regarding the request for psychological consultation, 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. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, according to a progress note on April 27, 2015, the requesting provider request 4 session of CBT/psychotherapy. The initial request was made March 23, 2015, but this additional note provides clarification with regard to psychological symptoms. The patient demonstrated high scores on the Fear Avoidance Questionnaire. Since chronic pain patients often exhibit kinesiophobia, and this may be amenable to CBT, the current request is medically necessary.

Psychological testing: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Stress Chapter, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CPMTG, Psychological Evaluations and Treatment Page(s): 100-102.

Decision rationale: Regarding the request for psychological consultation, 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. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, according to a progress note on April 27, 2015, there is additional clarification with regard to psychological symptoms. The patient demonstrated high scores on the Fear Avoidance Questionnaire. Since chronic pain patients often exhibit kinesiophobia in conjunction with other mood disorder, neuropsychological testing is appropriate. This can include screen tools on depression and anxiety levels, as well as assessment of cognitive, decision making, and other realms that a psychologist deems fit.

12 Sessions of CBT training: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Stress Chapter, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychologic Treatment Page(s): 100-102.

Decision rationale: Regarding the request for psychological consultation, 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. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, there is already an initial request in accordance with guidelines, which suggest a trial of only 3 to 4 visits initially. Since there has not yet been documentation of functional improvement, the currently requested CBT x 12 is not medically necessary.

Hysingia 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Hysingla is a formulation of long acting hydrocodone. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about ongoing management with 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 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Although pain and improvement in function was documented, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. This toxicology testing should have been available in the submitted documentation while the patient was on Norco, and the change to Hysingla does not change the fact that compliance monitoring was not adequately documented. Based on the lack of documentation, medical necessity of this request cannot be established at

this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.