

Case Number:	CM14-0151110		
Date Assigned:	09/19/2014	Date of Injury:	12/06/2001
Decision Date:	11/05/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Psychiatry; and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 61-year old male with date of injury 12/6/2001. Date of the UR decision was 8/28/2014. Report dated 3/22/2013 indicated that the injured worker was receiving psychotherapy as well as psychophysiological therapy for management of Major depressive disorder, severe, recurrent, without psychotic features and Adjustment disorder with mixed anxiety and depressed mood. It has been suggested that he had undergone several sessions of the same (approximately 40). He also underwent biofeedback treatment and guided relaxation techniques. Report dated 5/8/2013 indicated that additional 40 sessions of psychotherapy and psychophysiological therapy were recommended for the injured worker. Report dated 8/28/2014 stated that he presented to the office with complaints of bilateral elbow pain and bilateral wrist pain, pain level was reported as unchanged from the last visit and was being followed every 2 weeks. It was suggested that he noted that Percocet caused 20-30% reduction in pain. He was taking 4 Percocet daily. He was being prescribed Senokot, Pristiq, Trazodone, Docusate, Zofran, Clonazepam, Celebrex, Lidocaine and Percocet. His UDS on 11/4/2013 was positive for EtOH.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Short-acting opioids; Oxycodone/acetaminophen, page 75, 92

Decision rationale: MTUS states "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours"MTUS also states "Oxycodone/acetaminophen (Percocet; generic available): Analgesic dose: Dosage based on oxycodone content and should be administered every 4 to 6 hours as needed for pain. Initially 2.5 to 5 mg PO every 4 to 6 hours as needed. Note: Maximum daily dose is based on acetaminophen content (Maximum 4000mg/day). For more severe pain the dose (based on oxycodone) is 10-30mg every 4 to 6 hours prn pain. Dose should be reduced in patients with severe liver disease."The Percocet is being used for break through pain for the injured worker and has been causing just 20-30% reduction in the pain level. The request for Percocet 10/325mg #60 is not medically necessary as enough medication has already been certified for the injured worker to ensure safe taper based on lack of efficacy.

Docusate Sodium 250mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Docusate

Decision rationale: FDA states that Docusate is a stool softener. It works by increasing the amount of water the stool absorbs in the gut, making the stool softer and easier to pass. This medication is used to treat occasional constipation.It has been suggested that the reason for injured worker's constipation is opioids. Since the Percocet has been none certifies, the request for docusate Sodium 250mg #30 is not medically necessary.

Psychotherapy in conjunction with psychophysiological therapy: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

Decision rationale: Report dated 3/22/2013 indicated that the injured worker had been undergoing psychotherapy as well as psychophysiological therapy for management of Major

depressive disorder, severe, recurrent, without psychotic features and Adjustment disorder with mixed anxiety and depressed mood. It has been suggested that he has completed approximately 40 sessions of the same Report dated 5/8/2013 indicated that additional 40 sessions of psychotherapy and psychophysiological therapy were recommended for the injured worker. The injured worker has already exceeded the guideline recommendations and thus request for additional Psychotherapy in conjunction with psychophysiological therapy is not medically necessary.