

Case Number:	CM13-0021955		
Date Assigned:	11/13/2013	Date of Injury:	10/16/2012
Decision Date:	01/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 40-year-old, married, right-handed female. Fulltime employment with a hotel in [REDACTED] as a junior restaurant manager began on 10/10/11. She last worked on 2/14/13. She was on modified duty, but then apparently maximized her allotted number of modified days. She describes a specific injury that occurred on 10/16/12. While standing in the bar, she turned to grab some papers and slipped on the wet floor. Her feet went out on either side of her and she landed on the inner aspects of both of her knees. She developed knee pain as well as left ankle pain. She had a lidocaine patch prescribed for a few months and it seemed to help. No records for any trial of psychotherapy were attached. The issues being reviewed are the medical necessity or lack thereof for "8 sessions with pain psychologist" and "Decision for Lidoderm patches unspecified amount"

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions with pain psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The MTUS Chronic Pain guidelines are clear that there is an Initial trial of 3-4 psychotherapy visits over 2 weeks. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. No records for any trial of psychotherapy were attached. 6 psychotherapy sessions exceeds that guideline for an Initial trial of 3-4 psychotherapy visits over 2 weeks, and as such are not medically necessary per MTUS

Lidoderm patches unspecified amount i: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Page(s): 56-57.

Decision rationale: The patch is recommended per 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) however in this case the amount is unspecified. The patient was first prescribed Lidocaine patches in July 2013 and the November 2013 indicates they were providing benefit, presumably improving functional capacity as well. Though FDA approved for post herpetic neuralgia, and not a first line medication, it does not seem unreasonable to use Lidoderm in this case had a limit of duration of treatment been requested. Since no limit on quantity nor duration was requested, it is not medically necessary in the opinion of this reviewer to certify an unknown, unlimited prescription of lidocaine patch apparently into perpetuity.