

Case Number:	CM13-0033939		
Date Assigned:	03/19/2014	Date of Injury:	06/24/2010
Decision Date:	08/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/11/2013

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:

The injured worker is a 24 year old female who suffered from cumulative trauma at work from 6/24/2010-11/30/2012. She suffers from neck, right arm, right shoulder and left hand pain. Her provider anticipated that an MRI of the cervical spine and an EMG/NCS would be performed and add to the diagnostic work up. Plain film imaging was non-revealing. She had an acute psychiatric episode which resulted in inpatient psychiatric hospitalization 5/3/2013-5/16/2013. Report from 8/7/2013 by the primary treating physician revealed that gabapentin was increasing her negative thoughts and increasing thoughts of suicide. Psychiatric review of systems was positive for depression, anxiety, loss of memory, depression, decreased concentration, fatigue and sleep disturbances. She has not been treated with acupuncture nor chiropractic care. She has been treated with medications and injection therapy. The UR determination date was 9/6/2013 and the last provider note available for review was 8/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychologist Evaluation with [REDACTED] (report dated 08/07/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: The injured worker is a 24 year old female with neck, right arm, right shoulder and left hand pain. She had an acute psychiatric episode which resulted in inpatient psychiatric hospitalization 5/3/2013-5/16/2013. Report from 8/7/2013 by the primary treating physician revealed that gabapentin was increasing her negative thoughts and increasing thoughts of suicide. Psychiatric review of systems was positive for depression, anxiety, loss of memory, depression, decreased concentration, fatigue and sleep disturbances. She has been receiving psychiatric care. The request for evaluation with Pain Psychologist is not medically necessary at this time as the injured worker has been receiving psychiatric care and a Pain evaluation is not indicated at this time.

Prescription for medication trial of Nucynta 50mg 2 tablets per day (report dated 08/07/13): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids, however what is more relevant in this case is the appropriateness of initiation of opiate therapy for chronic pain (no documentation of opiates having been prescribed before). The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The provider notes pain control is insufficient and proposes a trial of opiates in response to pain refractory to alternative treatments. Review of social history reveals no history of abuse, intolerance of gabapentin, and psychiatric challenges partially resulting from inadequately treated pain. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, however MTUS does not mandate that they be performed on initiation of opiate therapy. There is no documentation comprehensively addressing pain relief and functional improvement in the records available for my review, but this is logical as the medication was being initiated. The UR physician's assertions regarding the need to trial other first line opiates (beyond the tramadol already trialed) and the need to define what moderate-to-severe pain means for this patient are not mandated by the MTUS 2009. However, there is documentation supporting that the VAS score correlates with moderate-severe pain. This initial trial of Nucynta is medically necessary.

Increase of prescription of lexapro 10mg to every 12 hours (report dated 08/07/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI (Selective Serotonin Reuptake Inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14.

Decision rationale: The injured worker is a 24 year old female with neck, right arm, right shoulder and left hand pain. She had an acute psychiatric episode which resulted in inpatient psychiatric hospitalization 5/3/2013-5/16/2013. Report from 8/7/2013 by the primary treating physician revealed that gabapentin was increasing her negative thoughts and increasing thoughts of suicide. Psychiatric review of systems was positive for depression, anxiety, loss of memory, depression, decreased concentration, fatigue and sleep disturbances, despite being on the lexapro 10 mg daily. MTUS states "SSRIs (selective serotonin reuptake inhibitors)-Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain" ODG states "MDD (major depressive disorder) treatment, severe presentations- The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) . Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" Based on the reviewed documentation, the injured worker has depression, anxiety, loss of memory, depression, decreased concentration, fatigue and sleep disturbances despite being on lexapro 10 mg daily. Increase in dose of lexapro to 10 mg twice a day is medically necessary. Will respectfully disagree with UR physician's decision.