

Case Number:	CM13-0036057		
Date Assigned:	12/13/2013	Date of Injury:	12/18/1991
Decision Date:	02/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and is licensed to practice in Maryland. 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 66 year old female injured on 12/18/1991. She reported injury as cumulative trauma related to stress on the job. She has fibromyalgia, temporomandibular joint (TMJ) syndrome and hypertension aggravated by stress. She also had urinary incontinence secondary to bladder dysfunction, aggravated by stress and major depression, and anxiety disorder aggravated by job stress. Her medical history includes hypertension, hyperlipidemia, hypothyroidism, obesity, anxiety, depression, migraine, allergic rhinitis, temporomandibular disorder, gastroesophageal reflux disease (GERD), irritable bowel syndrome, osteoarthritis, myalgia and impaired fasting glucose. Her surgical history includes breast implants, hysterectomy and TMJ arthroscopic surgery. Medications include Accupril, Carafate, Celebrex, fish oil, Lyrica, Premarin, Protonix, Prozac, Synthroid, Trazodone, Valium, Visteril, Wellbutrin XL and Zocor. In November 2013, she was seen by Physical therapy for pain in neck, upper back and shoulder. Treatment plan included therapeutic activities, manual therapy and electrical muscle simulation. On 8/21/2013 she was seen by the treating provider. She complained of abdominal pain, depression, numbness in extremities, back pain and joint pain. She denied vision changes, cough, chest pain, nausea, vomiting, anxiety or insomnia. Examination showed normal ear, nose and throat examination, normal neck examination, clear lungs, regular heart rate and rhythm, normal abdominal examination and appropriate mood and affect. Her diagnoses included hypertension, hyperlipidemia, hypothyroidism and myalgia. Treatment plan included an otolaryngology consultation, pain management consultation, psychiatry consultation and Lyrica. On 12/11/13 she was again seen by the treating provider. She reportedly was not seen by otolaryngology or any consultant for TMJ in past. Her positive symptoms were fatigue, heartburn, urinary incontinence, anxiety, depression, marked diminished interest or pl

IMR ISSUES, DECISIONS AND RATIONALES

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

Otolaryngology consultation regarding TMJ disorder: 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 Medscape article on temporomandibular joint disorder.

Decision rationale: The medical records reviewed show no documentation of pain suggestive of temporomandibular disorder like jaw pain, locking of jaw, headaches, ear clicking or popping. There are no other signs of TMJ problems including tenderness in temporomandibular joint, difficulty chewing or opening mouth. MTUS, ODG and ACOEM guidelines do not address TMJ disorder. A Medscape article on temporomandibular joint disorder recommends otolaryngology or oral surgery consultation for intractable cases of temporomandibular joint disorder. Due to the absence of documentation of symptoms suggesting active TMJ disorder, the medical necessity for an otolaryngology consultation is not met. Therefore, the requested consultation is not appropriate at this time.

Psychiatry consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 115, 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100,101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, mental stress.

Decision rationale: The ACOEM guidelines state that a specialty referral may be indicated in those individuals whose mental health symptoms continue for more than six to eight weeks. In this case, the employee has had ongoing symptoms for years, despite being on Bupropion and Trazodone. The notes from December 2013 indicate that she had symptoms of hopelessness, anxiety and depression. These symptoms despite antidepressant therapy do warrant a consultation from a psychiatrist or psychologist. Hence, the request for a psychiatric consultation is medically necessary and appropriate.

prescription of Lyrica 25mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-20.

Decision rationale: The patient sustained a work related injury with chronic back pain, neck pain, hypertension, fibromyalgia, major depressive disorder and anxiety disorder. The guidelines recommend Lyrica for the treatment of neuropathic pain and fibromyalgia. The medical records failed to report any neuropathy related pain complaints. Regarding fibromyalgia, the guidelines specify that continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Also the guidelines recommend documentation of improvement in pain and functional status to be able to continue the medication. Medical records submitted and reviewed do not document any functional improvement. Therefore, continued treatment with Lyrica is not medically necessary or appropriate at this time.