

Case Number:	CM14-0104995		
Date Assigned:	07/30/2014	Date of Injury:	01/15/2010
Decision Date:	08/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/08/2014

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:

The injured worker is a 63 year old female with date of injury 1/15/2010 with related low back pain that radiates to the bilateral lower extremities. The date of UR decision was 7/3/2014. Per a progress report dated 6/26/2014, medications included Naproxen, Omeprazole, and Lidoderm patches; these medications have provided the best relief with the least amount of side effects per the report. Pain was 8/10 without pain medications and 5/10 with pain medications. The injured worker was not getting a psychiatric medication as she is not able to tolerate them. The injured worker suffers from depression secondary to chronic pain. She has benefited from psychotherapy in the past and would like more per the report however, there is no information regarding the number of sessions completed or the results from the treatment so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT): Guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)Upon review of the submitted documentation, it is gathered that the injured worker has previously attended psychotherapy. Per 5/23/14 qualified medical reevaluation, it was noted that on 4/23/14 she completed psychotherapy sessions. It was noted that psychotherapy was helpful for her, however, there was no evidence of objective functional improvement, furthermore, it is not specified how many sessions of psychotherapy were attended. As such, the request for Psychotherapy, 8 sessions is not medically necessary.

Lidoderm 5% Patch, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (anti-epilepsy drug) such as gabapentin or Lyrica)." Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.