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| <b>Case Number:</b>   | CM14-0132767 |                              |            |
| <b>Date Assigned:</b> | 08/22/2014   | <b>Date of Injury:</b>       | 07/16/2010 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 07/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional 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 patient is a 57 year old male with an injury date of 07/16/10. Per the 07/07/14 progress report, the patient presents with right hand and right index finger pain rated 5/10 with associated numbness and tingling. He also presents with abdominal pain, acid reflux, anxiety and depression. The report does not state if the patient is working. Examination reveals severe tenderness to palpation over the distal aspect of the amputated index finger. The patient's diagnoses include, 1. Status post right index finger amputation 40% (date unknown) 2. Status post right index finger lacerations with infection 07/16/12 3. Right lateral epicondylitis 4. Anxiety and depression secondary to industrial injury and pain 5. Diabetes and hypertension secondary to industrial injury 6. Cardiovascular dysfunction secondary to industrial injury 7. Gastrointestinal/gastroesophageal reflux disease secondary to industrial injury and prolonged medication use. The 05/03/14 report states the patient's diagnoses include: 1. Major Depressive Disorder, SE, Moderate 2. Insomnia Type Sleep Disorder due to Pain 3. Psychological Factors Affecting Medical Condition. The utilization review being challenged is dated 07/30/14. The rationale regarding interpreting services is that the need is determined by the fluency of the treating health care providers. Regarding the follow up consultation with a psychiatric, M.D., the rationale is that the patient's psychiatric problems have been declared permanent and stationary; therefore further evaluation is not needed. Treatment reports were provided from 01/13/14 to 07/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% cream 120g, Ketoprofen 20%/Ketamine 10% cream 120g, Gabapentin 10%/Cyclobenzaprine 10%/ Capsaicin 0.0375% cream 120 g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, NSAID Section Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded Drug Section

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

**Decision rationale:** The patient present with right hand and index finger pain rated 5/10 with tingling and numbing along with abdominal pain, acid reflux, anxiety and depression. The treater requests for Flurbiprofen 20% cream 120 g; Ketoprofen 20% ketamine 10% cream 120 g, Gabapentin 10% cyclobenzaprine 10% Capsaicin 0.0375% cream 120 g. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the combined grouping of topical medications is not medically necessary.

**Interpreting Services:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/15894705>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490255>

**Decision rationale:** The patient present with right hand and index finger pain rated 5/10 with tingling and numbing along with abdominal pain, acid reflux, anxiety and depression. The treater requests for interpreting services. MTUS, ODG and ACOEM do not reference interpretive services. On line research reveals the following from the U.S. National Library of Medicine, National Institutes of Health. Please see <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490255>. This source presents the following, "Studies show that interpreter services improve health care experiences and outcomes of Limited English Proficiency patients. Most of this research has considered Spanish-speaking patients, comparing clinical interactions using interpreters to those with language barriers because of lack of interpretation." The 04/15/14 AME notes that the patient was seen with the help of a professional Spanish interpreter as he is not fluent in English. Progress reports also note the services of a certified interpreter. The patient's need for a Spanish speaking interpreter has been documented; therefore, the request is medically necessary.

**Follow up consultation with a psychiatric MD:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), Chapter 7 and the Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Office Visit Section

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

**Decision rationale:** The patient present with right hand and index finger pain rated 5/10 with tingling and numbing along with abdominal pain, acid reflux, anxiety and depression. The treater requests for a follow up consultation with a Psychiatric M.D. MTUS guidelines page 101 state, "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). "ACOEM page 405 states that frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Treatment reports repeatedly state in the treatment plan that the patient will continue his psychiatric visits. No reports were provided. The 05/13/14 report from psychiatry specialty, states that based on current assessment of symptoms and first hand evaluations of this patient, medication, and telephone consults, psychiatric and social services will be necessary to treat Major Depressive Disorder, Insomnia Type Sleep Disorder due to pain, and Psychological factors affecting medical condition. The treater further states not more than monthly medication visits will be needed once the medication regimen is optimized. The reports do not state if the patient is working. In this case, there is sufficient documentation indicating the patient's need for continued psychiatric care; therefore, the request is medically necessary.