

Case Number:	CM14-0158653		
Date Assigned:	10/30/2014	Date of Injury:	06/05/2009
Decision Date:	12/05/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, elbow pain, neck pain, psychological stress, diabetes, and hypertension reportedly associated with an industrial injury of June 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical agents; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 16, 2014, the claims administrator partially approved a psychiatry consultation for psychotropic medications to a psychiatrist consultation, denied a psychology consultation, denied a bidet, partially approved Lyrica, denied Lidoderm patches, denied a sleep study, partially approved baclofen, approved a hand surgery consultation, and conditionally denied 12 sessions of hand therapy. The claims administrator stated that the applicant had had no less than 12 prior sessions of psychotherapy to date. The applicant's attorney subsequently appealed. In a progress note dated September 23, 2014, the applicant reported ongoing complaints of depression, thoracic pain, myofascial pain, low back pain, residual complaints of chest pain status post earlier coronary artery bypass grafting, type 2 diabetes, humeral fracture status post ORIF, brachial plexus injury, and partial amputation the left small finger. The applicant was placed off of work, on total temporary disability. Authorization was sought for a hand surgery consultation, a psychology consultation, a psychiatry consultation, and a bidet. The applicant reported ongoing complaints of burning pain about the left arm. Lyrica, baclofen, and Lidoderm were apparently renewed. In an applicant questionnaire dated September 23, 2014, the applicant indicated that his pain scores and disabilities ranged from 7-10/10, with 10 denoting the "worst disability." In a July 24, 2014 progress note, the applicant was given handicapped placard. The attending provider stated that the claims administrator should purchase a bidet for the applicant so as to facilitate his using the

restroom more readily. The applicant was having a variety of chronic pain and depressive symptoms. The applicant was given Lyrica, baclofen, and Lidoderm on this occasion. It was stated that the applicant was originally injured when his hand was stuck in a machine. The applicant's left small finger was amputated. The applicant also sustained a humeral fracture and a transected triceps muscle. The applicant had apparently developed considerable weakness about the left upper extremity and had, at one point, been given a diagnosis of chronic regional pain syndrome. The applicant had issues with weakness about the forearm which were interfering with his transferring. The applicant was described as an obese individual, standing 5 feet 6 inches tall, weighing 273 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist consultation for psychotropic medication: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, Chronic Pain Treatment Guidelines Psychological evaluations.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious mental health conditions may need referral to a psychiatrist for medication therapy. In this case, the applicant has a variety of mental health issues which include depression, anxiety, chronic pain, insomnia, etc. Obtaining the added expertise of a psychiatrist to consider introduction of psychotropic medications is indicated. Therefore, the request is medically necessary.

Psychologist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The applicant, per the claims administrator, has had at least 12 prior sessions of psychotherapy/individual cognitive behavioral therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant has a variety of residual depressive symptoms despite having had extensive prior psychotherapy. The applicant remains off of work. All evidence on file, thus, points to the earlier psychotherapy's having failed to affect any lasting benefit or functional improvement as defined by the parameters established in MTUS. Therefore, the request for a psychologist consultation is not medically necessary.

1 bidet: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600 (a)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Treatment topic Page(s): 40.

Decision rationale: As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, assessment of ergonomics and "modifications at home" are needed to facilitate normalization of use in applicants with complex regional pain syndrome. In this case, the applicant has apparently developed issues with complex regional pain syndrome following a traumatic amputation of the left small finger and following significant traumatic insults upon the same. Significant residuals, including upper extremity weakness, upper extremity paresthesias, etc., persist. The applicant is having difficulty transferring. The bidet, as suggested on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines may facilitate normalization of use in the face of the applicant's significant upper extremity impairment. Therefore, the request is medically necessary.

Lyrica 25mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin) and Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic.Functional Restoration Approach to Chronic Pain Management section. Page(s): 99. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Pregabalin or Lyrica is a first-line option in the treatment of neuropathic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant is off of work. The applicant has significant, reportedly severe pain complaints about the impacted upper extremity. Ongoing usage of Lyrica as failed to curtail the applicant's dependence on other medications, including baclofen. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.

Lidoderm patches #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of antidepressants and/or anticonvulsants. In this case, however, the applicant has already been using Lidoderm for what appears to be a minimum of several months. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. Severe complaints of left upper extremity pain persist. The applicant is off of work. Significant residual left upper extremity impairment lingers. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm. Therefore, the request is not medically necessary.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guidelines for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric and neuropsychiatric disorders. In this case, the applicant has a variety of complaints of sleep disturbance, secondary to depression, anxiety, and pain. A sleep study would, per AASM, be of no benefit in establishing the presence of depression-induced or pain-induced insomnia. Therefore, the request is not medically necessary.

Baclofen 10mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section, Functional Restoration Approach to Chronic Pain Management section. Page(s): 6. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity in multiple spasm associated with multiple sclerosis and spinal injuries but can be employed off label for neuropathic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the fact that the applicant remains off of work, on total

temporary disability, coupled with the fact that the applicant has significant residual left upper extremity physical impairment, taken together, suggests that ongoing usage of baclofen has not proven altogether beneficial in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.