

<b>Case Number:</b>	CM14-0172419		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 American Board Internal 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 injured worker is a 52-year-old woman with a date of injury of January 9, 2012. The mechanism of injury is not documented in the medical record. Pursuant to the progress report dated September 4, 2014, the IW reports neck pain rated 8/10 and low back pain rated 7/10. A lumbar epidural steroid injection dated June 27, 2014 offered 50% pain relief for a month. The IW had a repeat lumbar epidural steroid injection on August 15, 2014 with 50% pain relief for 2 weeks. The IW reports significant depression as a result of persistent pain. She reports 5 prior surgeries to the right shoulder. Medications include Terocin patches, Ambien, Norco 5/325mg, and Tramadol. Medications decrease the pain and allow the IW to increase walking distances. Ambien helps the IW sleep and additional 1 to 2 hours. Prior treatments have included acupuncture, chiropractic treatment, surgeries, transforaminal epidural steroid injections, TENS units, and medications. Diagnoses include: Cervical herniated nucleus pulposus with moderate to severe left neural foraminal narrowing at C2-C3, and severe neural foraminal narrowing at C5-C6, lumbar herniated nucleus pulposus with moderate to severe bilateral neural foraminal narrowing at L5-S1, and cervical and lumbar radiculopathy. The provider recommends an orthopedic consultation for the right shoulder, a psychiatric consultation, Medrox patches, and pain psychology follow-ups. The last pain psychology follow-up was dated August 12, 2014. The provider reports that despite the injured worker's improvements in some area, there has been a decline in her condition. As her chronic and neuropathic pain and physical limitations endure, her psychological defenses have worn thin, resulting in increased depressive symptoms. Treatment recommendations include: Semi-weekly individual and group psychotherapy. There was no documentation with regards follow up therapy sessions in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox patches box #1 (5 patches): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Medrox patches one box (five patches). The Medrox patch consists of menthol and Capsaisin. The guidelines state topical MG six are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaisin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, there is no documentation of failed trials with antidepressants or anticonvulsant. As noted above, Capsaisin is recommended only as an option in patients have not responded or are intolerant to other treatments. Additionally, Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, the Medrox patch is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Medrox Patch 1 box is not medically necessary.

**Pain Psychology follow-up with [REDACTED]: Upheld**

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

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

**Decision rationale:** Pursuant to the ACOEM, the psychology follow-up with [REDACTED] is not medically necessary. ACOEM guidelines state the frequency of follow up visits may be determined by the severity of symptoms, whether the patient was referred for further testing or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of distress model and to reinforce the patient's support and positive coping mechanisms. In this case, the initial visit to [REDACTED] was on August 12, 2014. That was the only psychology consultation in the medical record. There was no follow-up regarding the recommended group therapy sessions (as noted in the initial consultation). The number of prior treatment sessions is not known and the response to these treatment sessions is missing from the documentation. Stated differently, there is no current documentation submitted for review from [REDACTED] and there is limited documentation of current psychological status. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, psychology follow-up with [REDACTED] is not medically necessary.

**Psychiatry Consultation:** Upheld

**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): 398.

**Decision rationale:** Pursuant to the ACOEM, the psychiatry consultation is not medically necessary. The guidelines state specialty referral may be necessary when patients have significant psychopathology were serious medical comorbidities. Some mental illnesses are chronic, so establishing a good working relationship with the patient may facilitate a referral with a return to work process. It is recommended that serious conditions such as severe depression and schizophrenia be referred to specialist, while common psychiatric conditions such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in making these determinations. In this case, there is limited documentation of the injured workers current psychological status. Additionally, there is no rationale documented for psychiatric consultation. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, psychiatric consultation is not medically necessary.