

Case Number:	CM14-0177542		
Date Assigned:	10/31/2014	Date of Injury:	08/19/2001
Decision Date:	12/08/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Practice and is licensed to practice in Ohio. 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 60 year old female with a date of injury of 8-19-2001. She fell backwards injuring her left shoulder, low back, and neck. She complains of neck pain radiating to the left shoulder and low back pain radiating to the lower extremities. She also complains of symptoms of anxiety and depression. Her physical exam has revealed normal cervical range of motion, tenderness to palpation of the left trapezius and lumbar paravertebral muscles. There has been reduced range of motion of the left shoulder and lumbar spine. The lower extremity neurologic examination has been normal. She has had a normal affect at times and at other times has appeared anxious and depressed. Her medications include Effexor (prescribed for pain), Arthrotec, and Ambien. She reports poor sleep despite use of the Ambien. The diagnoses include left shoulder pain, upper and lower back pain, pain related insomnia, lumbar degenerative disc disease, lumbar strain, and chronic cervical strain. A topical analgesic containing Gabapentin, lidocaine and the anti-inflammatory ketoprofen was recently prescribed. The treating provider has repeatedly suggested a psychiatric referral but the injured worker has declined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Referral To Counseling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 15 Stress Related Conditions Page(s): 166, 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive behavioral therapy (CBT), Psychological evaluations

Decision rationale: Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Stress management that includes cognitive therapy has the potential to prevent depression and improve psychological and physiological symptoms. As with all therapies, an initial trial may be warranted, with continuation only while results are positive. Psychotherapy may be effective in treating subclinical depression and may prevent progression to major depressive disorder (MDD), according to a meta-analysis. The most common form of psychotherapy used was cognitive-behavioral therapy. In this instance, the referral is for unspecified counseling. The referenced guidelines do not make a provision for general counseling for the presumptive diagnoses of anxiety and depression. Rather, there is provision for referral for psychological assessment and for cognitive behavioral therapy. In this instance, the injured worker has expressed a desire to avoid psychiatric referral because of the perceived consequences of doing so. Unfortunately, a more solid diagnosis is required and therefore an actual evaluation by a psychologist is the necessary starting point to guide the appropriate direction for mental health services. The medical necessity for referral for Unknown Counseling Services therefore is not established.

Unknown Prescription of Topical Analgesic Cream KFBCGL: 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: The referenced guidelines state that any compounded formulation containing one ingredient that is not recommended is itself not recommended in its entirety. In this instance, the topical formulation requested contains gabapentin. There is no approved topical use for gabapentin. Additionally, ketoprofen is not recommended as a topical formulation as it may cause a serious photodermatitis. The formulation also contains lidocaine. Lidocaine is approved topically but only in patch form. Therefore, the Topical Analgesic Cream KFBCGL is not medically necessary per the referenced guidelines.