

Case Number:	CM14-0024092		
Date Assigned:	06/20/2014	Date of Injury:	05/06/2011
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 Pain Medicine and is licensed to practice in Texas. 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 59-year-old female with a reported date of injury on 05/06/2011. The mechanism of injury reportedly occurred while the injured worker was performing her duties as a laundress. The injured worker presented with a backache and neck problems. The injured worker underwent right shoulder surgery on 07/10/2012. In addition, the physician indicated that she underwent physical therapy for the right shoulder, the documentation of which was not provided within the clinical information available for review. According to the clinical note dated 12/06/2013, the injured worker has received psychiatric medications and treatment previously. According to the clinical documentation, the injured worker's pain of perception test revealed that the injured worker demonstrates a fundamentally different perception of pain than most due to emotional factors, such as unconscious attitudes, feelings, and/or motivations. The Wahler Physical Symptom Inventory Exam revealed her total score was three (3). The exam revealed abnormal concern of her bodily functions is suggested along with a tendency to over endorse physical problems and physical dysfunctions consistent with classical hysteria. The impact of events scale revealed a score of 1.3, which was nearest that of injured workers in a serious motor vehicle accident without post-traumatic stress disorder (PTSD) diagnosis. Emotional distress related to intrusive thoughts, avoidance behaviors and hyperarousal are all extremely low at the 1% percentile compared to Vietnam veterans with a PTSD diagnosis. On physical examination, the injured worker's cervical spine revealed no limitation in range of motion; a negative Spurling's maneuver and all upper limb reflexes were equal and symmetric. The range of motion of the lumbar spine revealed flexion to 45 degrees, extension to 7 degrees, right and left lateral bending to 10 degrees, and normal lateral rotation to the right. The right shoulder range of motion revealed flexion to 90 degrees, extension to 12 degrees, abduction to 90 degrees and adduction to 12 degrees, and passive elevation limited to 90 degrees. The injured

worker's diagnoses include cervical radiculopathy, lumbar radiculopathy, shoulder pain, fibromyalgia, and myositis, and low back pain. The injured worker's medication regimen included amlodipine, Ambien, tramadol, Celebrex, Pennsaid, Veramyst Inhaler, Advair, and myoderm patches. A request for authorization for a referral to pain management Psychologist, Nucynta, Pennsaid solution, Lidoderm patches and Lexapro as not signed or dated. The rationale for the request was not provided within the clinical information available for review. Nucynta was prescribed for as needed for pain, Pennsaid as needed for topical pain relief and Lidoderm as needed for topical analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO A PAIN MANAGEMENT PSYCHOLOGIST QTY: 1.00: 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 Psychological Evaluations Page(s): 100.

Decision rationale: The Chronic Pain Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. A diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. A psychosocial evaluation should determine if further psychosocial interventions are indicated. According to the clinical documentation provided for review, the injured worker attended a psychological medical evaluation on 05/03/2013. The rationale for the request for a second psychological evaluation was not provided within the documentation available for review. The medication regimen has not changed since the evaluation. There was a lack of documentation related to the change in the injured worker's psychological condition. Therefore, the request for a referral to a pain management psychological is not medically necessary.

NUCYNTA QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The Chronic Pain Guidelines state that the ongoing management of opioid use includes the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. According to the clinical information provided for review, the injured worker has utilized

Nucynta prior to 03/06/2013. There was a lack of documentation related to pain relief, functional status, appropriate medication use, and side effects. There was a lack of documentation related to the therapeutic benefit with the continued use of Nucynta. In addition, the request as submitted failed to provide the frequency, dosage and directions for use. Therefore, the request for Nucynta is not medically necessary.

PENNSAID SOLUTION QTY: 1.00: 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).

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are recommended as an option, although largely experimental in use with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that Voltaren gel 1% is indicated for relief of osteoarthritis and pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The injured worker's primary pain, according to the documentation, is in the spine and shoulder. In addition, the injured worker has utilized Pennsaid prior to 03/06/2013. The therapeutic effect of the ongoing use of Pennsaid is not documented within the clinical information provided for review. In addition, the request as submitted failed to provide the frequency, dosage, and specific site at which the Pennsaid solution was to be utilized. Therefore, the request for Pennsaid solution is not medically necessary.

LIDODERM PATCHES QTY: 1.00: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The Chronic Pain Guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided for review, the injured worker has utilized lidocaine patches prior to 03/06/2013. The therapeutic benefit of the ongoing use of Lidoderm patches is not documented within the clinical information provided for review. In addition, the request as submitted failed to provide the frequency, dosage, and specific site at which the Lidoderm patches were to be utilized. Therefore, the request for Lidoderm patches is not medically necessary.

LEXAPRO QTY: 1.00: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The Chronic Pain Guidelines recommend antidepressants for chronic pain as a first-line option for neuropathic pain, and as a possibly for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The assessment of treatment effectiveness should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. The side effects, including excessive sedation, should be assessed. It is recommended that these outcome measurements should be initiated at one (1) week of treatment with a recommended trial of at least four (4) weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration. The clinical documentation provided for review lacks documentation of when the injured worker began taking the Lexapro. There was a lack of documentation related to the treatment effectiveness to include pain outcomes and evaluation of function, changes in other use of other analgesic medication, sleep quality and duration. In the clinical note dated 03/06/2013 and the clinical note dated 12/11/2013, the injured worker continues to complain of increased pain and poor sleep status. In addition, the request as submitted failed to provide the frequency, dosage, and directions for use. Therefore, the request for Lexapro is not medically necessary.