

<b>Case Number:</b>	CM14-0045059		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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:

This 54 year-old female Laboratory Scientist sustained a cumulative trauma injury to bilateral upper extremities on 4/13/10 while employed by [REDACTED]. Request(s) under consideration include Psychological counseling 6 times and Lidoderm patch 5 % # 60. Diagnoses list Carpal tunnel syndrome. Report of 7/19/11 from the PMR AME Supplemental report noted the evaluator saw no evidence of neuropathic pain although the provider is current treating for, trialing various medications. The AME noted it was the provider's responsibility to justify what he is prescribing and to provide some evidence of efficacy to continue any particular medications. Conservative care has included psychological treatment, acupuncture, therapy, medications, and modified activities/rest. Per psychiatric AME report dated 6/9/14, the patient stopped working after July of 2012. There is past family history of mother with alcoholism and schizophrenia and father with chronic alcoholism. The Beck Depression Inventory test scored 10 suggestive of possibility of minimal depression but this findings is inconsistent with the MMPI data with feeling of low self-esteem; State-Trait Anxiety Inventory scoring 65T and Trait score of 70T unlikely suggestive of anxiety. The patient herself has history of excessive alcohol consumption per the AME. It was noted the patient had multiple psychosocial problems developmentally with unusual medical problems in childhood and adulthood. The patient had received psychological treatment sessions with multiple medication management that had not been working for at least two years and has remained P&S. Psychological AME noted the patient is psychiatrically permanent and stationary, having seen therapist for approximately two years. It was opined the patient sustained a cumulative trauma injury to her bilateral upper extremities that would not have developed the dual Axis I psychiatric diagnoses with pre-existing problems. Request(s) for Psychological counseling 6 times and Lidoderm patch 5 % # 60 were non-certified on 4/1/14 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological counseling 6 times:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

**Decision rationale:** Submitted reports from the provider has not adequately demonstrated the patient current psychological status nor indicated any psychologic re-evaluation has been done or what functional response has been attained from continued psychological treatment with the patient has had for the past two years with unchanged pain symptoms and clinical findings without specific neurological deficits. Therefore, the request for psychological counseling 6 times is not medically necessary and appropriate.

**Lidoderm patch 5 % # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): Pages 111- 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751.

**Decision rationale:** Report of 7/19/11 from the PMR AME Supplemental report noted the evaluator saw no evidence of neuropathic pain although the provider is current treating for, trialing various medications. The AME noted it was the provider's responsibility to justify what he is prescribing and to provide some evidence of efficacy to continue any particular medications. Conservative care has included psychological treatment, acupuncture, therapy, medications, and modified activities/rest. The patient exhibits diffuse tenderness and pain. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidoderm patch 5 % # 60 is not medically necessary and appropriate.