

<b>Case Number:</b>	CM14-0046517		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 48-year-old female with a reported injury on 12/19/2008. The mechanism of injury was cumulative trauma. Her diagnoses consisted of unspecified sprain and strain of the wrist, carpal tunnel syndrome, lesion of the ulnar nerve, cervicobrachial syndrome, chronic pain syndrome, anxiety and depression secondary to chronic pain. There were no previous treatments listed. The injured worker had an examination on 04/30/2014, where she complained of bilateral elbow pain and wrist pain. Upon examination of her elbows, the pain was located over the posteromedial elbow bilaterally. She described the pain as aching and throbbing and reported at worst, her pain was rated 2-6/10. Her right wrist pain was located in the volar aspect of the wrist, favoring the ulnar aspect. She also complained of tingling and numbness to the thumb, index, and the middle finger of the right hand. The injured worker had EMG/NCS bilaterally to the upper extremities on 04/09/2014 which showed right median sensory neuropathy, stable, consistent with carpal tunnel syndrome, and no evidence of carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy on the left. Right elbow range of motion was from 6 degrees to 148 degrees of flexion, supination was 70 degrees, and pronation was 50 degrees. There was tingling with a positive ulnar Tinel's test. The Finkelstein test was negative. Her range of motion to her right wrist was extension to 50 degrees, flexion to 60 degrees, and her grasp was good. Carpal and Guyon canal testing were positive. The injured worker's cervicobrachial symptoms were consistent, mixed in with the ulnar neuritis. The recommended plan of treatment was for physical therapy for a period of 8 weeks. The rationale was to try to decrease her proximal symptoms in an effort to decrease the distal symptoms. It was reported that the Wellbutrin caused her anxiety and the recommendation was to discontinue the Wellbutrin and begin a trial with Zoloft. The examination did not mention the behavioral plan management evaluation plus the 5 visits. The medications that were listed included LidoPro

transdermal patches, Norco, Soma, and Wellbutrin SR. The request for authorization was not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy, 8 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines recommend for active therapy to be based on a philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The guidelines recommend 8-10 sessions of physical therapy over 8 weeks. The guidelines recommend a home exercise program as an extension of the treatment process in order to maintain improvement. There is a lack of evidence regarding a home exercise program or instruction. The documentation indicates the injured worker had functional deficits to the right elbow and right wrist per the clinical note from 04/2014 however, the submitted request does not specify the site at which the physical therapy is to be performed. Therefore, the request for the physical therapy 8 visits is not medically necessary.

**Behavioral pain management evaluation plus five visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavioral Therapy (CBT) Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological evaluations Page(s): 23, 100.

**Decision rationale:** The California MTUS Guidelines state 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. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related and determine if further psychosocial interventions are indicated. The California MTUS guidelines note behavioral interventions are recommended after screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. There is no documentation or evidence that the injured worker is having difficulties coping with her pain management and her medications. There is a lack of documentation indicating the injured worker has psychosocial symptoms which would indicate the need for behavioral pain management. The California MTUS Guidelines recommend an initial trial of 3-4 psychotherapy visits over a 2 week period with evidence of objective functional improvement. The request for 5 visits would

exceed the guideline recommendations. Additionally, the necessity of 5 visits cannot be determined until after an evaluation has been performed. Therefore, the request for the behavioral pain management evaluation plus 5 visits is not medically necessary.

**Wellbutrin SR 150 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

**Decision rationale:** The California MTUS Guidelines state that the Wellbutrin is recommended as an option after other agents. This is generally used as the third line medication for diabetic neuropathy, and may be considered in patients that have not responded to tricyclic or SNRI medications. Upon the examination on 04/30/2014, it was stated that the injured worker complained of higher anxiety on the Wellbutrin, and the provider indicated that the Wellbutrin was going to be discontinued. There is no documentation indicating the medication is effective in reducing symptoms and increasing function. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Wellbutrin SR 150 mg is not medically necessary.