

Case Number:	CM14-0085046		
Date Assigned:	07/30/2014	Date of Injury:	07/19/2006
Decision Date:	09/26/2014	UR Denial Date:	05/25/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational 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 represented [REDACTED] employee, who has filed a claim for chronic pain syndrome, posttraumatic stress disorder, and reflex sympathetic dystrophy reportedly associated with an industrial injury of July 19, 2006. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and psychotropic medications. On the May 25, 2014, progress note, the claims administrator denied a request for psychiatrist evaluation on the grounds that the injured worker had reportedly previously consulted another psychiatrist. The claims administrator also denied the request for Ambien and topical lidocaine. The injured worker's attorney subsequently appealed. In a progress note dated June 10, 2014, the injured worker reported persistent complaints of shoulder and arm pain, 5/10 with medications versus 7/10 pain without medications. The injured worker did have phantom limb sensation about missing digits of his hand. The injured worker was limited in terms of self care, personal hygiene, ambulating, hand function and sleep, it was acknowledged. Diminished grip strength was noted about the left hand. The injured worker stated that he was very upset and agitated over multiple medication denials. The injured worker was not working and had been deemed "permanently disabled," it was suggested. The injured worker was issued prescriptions for Ambien, Butrans, Cymbalta, doxepin, Neurontin, lidocaine, Norco, and Voltaren gel. The injured worker was receiving Cymbalta, mirtazapine, Neurontin, Norco, Voltaren gel, and Ambien from other providers, it was further noted. The injured worker was described as using Cymbalta, Ambien, and Remeron on a June 23, 2014, psychiatric evaluation. On June 3, 2014, the injured worker was described as remaining upset and agitated. A 5/10 pain rating was noted with medications versus 7/10 pain without medications. The attending provider reported that topical lidocaine was beneficial in ameliorating the injured worker's peripheral neuropathic pain associated with amputated digits.

In a mental health progress note dated April 15, 2014, the injured worker was described as having a variety of issues with depression resulting in Global Assessment of Functioning ranging from 61 to 70. Cymbalta, Remeron and Ambien were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Evaluation for Cognitive/Behavioral Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: According to ACOEM Guidelines, a referral to a mental health professional is indicated in the injured worker whose symptoms become disabling, despite primary care interventions and/or persists beyond three months. In this case, the injured worker has a variety of mental health issues, including posttraumatic stress disorder reportedly associated with several amputated digits. The injured worker is off work. Obtaining the added expertise of a psychiatrist to consider various psychiatric treatment modalities, such as cognitive behavioral therapy, is indicated. Therefore, the request is medically necessary.

Ambien 10 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medications Guide.

Decision rationale: Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending providers have renewed Ambien for what appears to be a span of several months. No injured worker specific rationale or medical evidence was furnished to support provision of the same in the face of the unfavorable FDA guidelines. Therefore, the request is not medically necessary.

Lidocaine 2% Ointment #1: Overturned

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in injured workers in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants. In this case, the injured worker does have localized peripheral pain/neuropathic pain/phantom limb pain. The request in question represents a renewal request. The attending provider has posited, that ongoing usage of lidocaine ointment has diminished the injured worker's pain scores from 7/10 to 5/10 and has, furthermore, ameliorated the injured worker's ability to perform activities of daily living, including gripping and grasping. Continuing the medication is therefore indicated. As such, the request is medically necessary.