

<b>Case Number:</b>	CM14-0198773		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 patient is a 37 year old female who was injured in May of 2012. She has experienced residual neck pain and depression. She has complained of poor sleep and on 8/26 of last year had a polysomnogram which was within normal limits. The records indicate that the patient has a history of chronic depression and has been on Wellbutrin for several years but no further details regarding her psychiatric history were submitted for review. The provider is requesting coverage for psychological testing and Lidocaine patches. The previous reviewer denied the requests due to lack of medical necessity. This is an Independent Medical Review of the previous decision to deny coverage for Psychological testing and Lidocaine Patches 5% #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patches 5% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions and treatments Page(s): 112.

**Decision rationale:** The State of California MTUS indicates this medication as a second line agent to be used in the context of failure of a first line agent, such as a TCA, AED or SSRI. The

records reviewed fail to indicate that the patient has had trials of any of the above. As such, this medication should not be considered as medically necessary in this case according to the cited evidence based guidelines.

**Psyche testing:** Overturned

**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 Part 2- Pain Interventions and Treatments Page(s): 100-101.

**Decision rationale:** The above indicates that psychological evaluations are recommended in patients with chronic pain. While this patient has been in treatment for many years, her depression is persistent despite being on adequate doses of Wellbutrin (details are absent but one of the reports indicates that the patient is on 300 mg daily). Her pain has persisted as well. Given this information, a psychological evaluation and testing appear to be warranted to further explore psychogenic factors as well as potential barriers to a more robust recovery from her depression. As such psychological testing should be considered as medically necessary according to the evidence based State of California MTUS.