

Case Number:	CM15-0005681		
Date Assigned:	01/26/2015	Date of Injury:	06/09/2005
Decision Date:	04/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 56 year old female who sustained a work related injury June 9, 2005. She stated she developed tendinitis in her right elbow, as a result of persistent data entry, 10-key use and phone use. She was treated with physical therapy, injections and placed in a brace and splint. According to a treating physician's progress report dated December 19, 2014, the injured worker presented with pain ranging 2/10 to 10/10 in her upper back, both arms with diffuse numbness and tingling. She also complains of progressive depression due to her loss of function and reduced ability with activities of daily living including socialization. Assessment includes bilateral carpal tunnel; cervical pain with radiculopathy; right shoulder tendinitis; thoracic outlet syndrome; chronic pain; and depression. Treatment plan includes medications and requests for psychology visit and gastroenterology follow-up. According to utilization review dated December 29, 2014, the request for Abilify 2mg has been modified to Abilify 2mg x (1) month supply. The request for Omeprazole 20mg #60 x (2) has been modified to Omeprazole 20mg #60 x (0). The request for Alprazolam 1 mg #60 x 2 is non-certified. The request for Lidoderm Patches #60 x 2 is non-certified. The request for Promethazine 25mg #90 x 2 is non-certified. The request for Deplin 15mg is non-certified. The request for a Gastroenterologist follow-up is non-certified. The request for a visit with [REDACTED] psychologist is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 2mg: 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), Mental Illness & Stress, Aripiprazole (Abilify).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

Decision rationale: MTUS guidelines do not comment on Abilify. ODG guidelines on Mental Illness & Stress state that Abilify is not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. This request is not medically necessary and appropriate at this time.

Alprazolam 1mg #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 24.

Decision rationale: According to MTUS guidelines benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. According to the progress notes the IW has been using benzodiazepines for a prolonged time. This request is not medically necessary and appropriate at this time.

Lidoderm patches #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to MTUS guidelines topical lidocaine is indicated for neuropathic pain. It is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is evidence that the IW had been on an SNRI but there was no definitive evidence of neuropathy such as an EMG/NCV. This request is not medically necessary and appropriate at this time.

Omeprazole 20mg #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The indication for proton pump inhibitor use is intermediate or high risk of GI side effects. The risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and or high dose/multiple NSAID. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary or appropriate at this time.

Promethazine 25mg #90 x2: 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), Insomnia treatment; Psychotherapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Antiemetics (for opioid nausea).

Decision rationale: MTUS guidelines do not comment on the use of Phenergan. ODG guidelines state that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Phenergan is recommended as a sedative and antiemetic in pre-operative and post-operative situations. This request is not medically necessary and appropriate at this time.

Deplin 15mg: 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), Deplin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: MTUS guidelines do not comment on the use of Deplin. According to ODG guidelines Deplin is not recommended. Deplin is a medical food for the nutritional requirements of patients with suboptimal L-methylfolate and have major depressive disorder or who have or are at risk for hyperhomocysteinemia and have schizophrenia. There is no evidence that the IW was tested to determine that she can not convert folate to metthylfolate. Additionally, it is supposed to be initiated with start of Fetizma. Fetizma was not requested. This request is not medically necessary and appropriate at this time.

Gastroenterologist follow-up secondary pancreatic status: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guideline clearinghouse and on the Non-MTUS World gastroenterology organization global guideline.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NICE: National Institute for Health and Care Excellence Irritable bowel syndrome in adults overview.

Decision rationale: MTUS and ODG do not comment on referral to gastroenterologists. The request states that referral is to follow-up on pancreatic status. There is no documentation in the case file regarding any pancreatic disease. There is reference of the IW having a history of IBS and having had an endoscopy which showed colitis and gastroenteritis with no report included for reference. Irritable bowel syndrome guidelines state that an individual who complains of abdominal pain or discomfort, bloating or change in bowel habits for at least 6 months would be consistent with the diagnosis. The next step is to look for red flag indicators which would necessitate referral to secondary care. The red flags include unintentional and unexplained weight loss, rectal bleeding, family history of bowel or ovarian cancer, anemia, abdominal mass, rectal mass or inflammatory markers for inflammatory bowel disease. There are no red flags indicated in the IW's progress notes. This request is not medically necessary and appropriate at this time.

Visit with [REDACTED] psychologist consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

Decision rationale: MTUS 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. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. It is noted the IW was evaluated by a psychologist dated July 8, 2014 and he recommended that she see a psychologist who is closer to her home. The other psychologist saw the IW on August 8, 2014 at which time testing was to be done but the IW was late and testing was unable to be done. It is reasonable that the IW be seen and have full battery of testing done to aid in treatment of her chronic pain. Therefore, the request is medically necessary.