

Case Number:	CM15-0008510		
Date Assigned:	01/26/2015	Date of Injury:	08/10/2011
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 10, 2011. In a Utilization Review Report dated December 29, 2014, the claims administrator denied requests for cognitive behavioral therapy/relaxation therapy, Cymbalta, ibuprofen, and Lidoderm patches. In its determination, the claims administrator referenced a progress note dated November 12, 2014. The claims administrator suggested that the applicant was working. The claims administrator suggested that the applicant had a variety of pain complaints, including alleged complex regional pain syndrome and chronic low back pain. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated September 23, 2014, the applicant reported ongoing complaints of low back pain and ankle pain reportedly attributed to complex regional pain syndrome (CRPS). The medical-legal evaluator noted that the applicant was not working and had been off of work, on total temporary disability, since February 2014. The medical-legal evaluator stated that the applicant was doing really poorly, had limited ankle range of motion, and had developed issues with claw limb. The medical-legal evaluator noted that the applicant had constant, severe pain. The medical-legal evaluator suggested that the applicant should remain off of work, on total temporary disability. The applicant had failed a variety of sympathetic blocks and epidural steroid injections, it was acknowledged. It was suggested that the applicant obtain care from a pain management specialist and/or CRPS specialist. In an applicant questionnaire of September 23, 2014, the applicant stated that he was having difficulty standing, climbing, and sitting. The applicant contended that he was unable to work. In a July 24, 2014 progress note, the applicant

reported 9/10 sharp, shooting, throbbing, and burning foot, ankle, knee, and leg pain. The applicant stated that earlier sympathetic blocks were not beneficial. The applicant was status post earlier knee patellectomy and status post ankle ORIF surgery. The applicant was smoking marijuana occasionally, it was suggested. The applicant was working full time; it was stated in one section of the note, while another section of the note stated that the applicant was receiving disability benefits. A December 12, 2014 progress note was notable for comments that the applicant reported 9/10 foot pain, sharp, burning, and throbbing. Clawing of the toes was evident. The applicant was off of work, on total temporary disability, it was acknowledged. Cymbalta had caused issues with dryness of the mouth, stomach pain, dizziness, and blurry vision. The applicant was asked to increase the dose of gabapentin. The attending provider suggested that the applicant employ Pamelor and discontinue Cymbalta owing to side effects. Flexeril, tramadol, and physical therapy were endorsed while the applicant was asked to remain off of work, on total temporary disability. Desensitization treatment was also suggested. The claims administrator did approve a psychological consultation; it was incidentally noted, along with another lumbar sympathetic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Visits of Cognitive Behavioral Therapy, Relaxation Therapy and Imagery: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention section. Page(s): 23.

Decision rationale: Yes, the request for six sessions of cognitive behavioral therapy, relaxation therapy, and imagery was medically necessary, medically appropriate, and indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, behavioral interventions are recommended in the chronic pain context present here. While the approval of six-session treatment does seemingly represent treatment slightly in excess of the initial trial of three to four psychotherapy visits suggested on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, in this case, it does not appear that the applicant has had much in the way of psychological treatment, relaxation treatment, biofeedback, etc, as the bulk of the applicant's treatment to date appears to have comprised of medications, injections, etc. Moving forward with a trial of cognitive behavioral therapy, relaxation therapy, and imagery may be beneficial, particularly in light of the failure of multiple other interventional and medication-based modalities. Therefore, the request was medically necessary.

Cymbalta 30 MG (No Qty Given): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7.

Decision rationale: Conversely, the request for Cymbalta was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of ACOEM Practice Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of side effects into his choice of pharmacotherapy. Here, the applicant presented on December 12, 2014 reporting a variety of intolerable adverse effects generated as a result of Cymbalta usage, including dizziness, dryness of mouth, stomach pain, blurred vision, etc. Ongoing usage of Cymbalta was not, thus, indicated in the face of the applicant's having developed side effects to the same. Therefore, the request was not medically necessary.

Ibuprofen 800 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Medications topic; Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: The request for ibuprofen 800 mg was likewise not medically necessary, medically appropriate, or indicated here. While page 37 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that NSAIDs such as ibuprofen do represent commonly used drugs for applicants with complex regional pain syndrome (CRPS), the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of ibuprofen, per an office visit of December 12, 2014. On that date, the applicant was placed off of work, on total temporary disability. 9/10 pain was noted. The applicant's pain was constant. Ongoing usage of ibuprofen, in short, failed to generate any lasting analgesia or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.

Lidoderm Patch (Box): Upheld

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

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

Decision rationale: Finally, the request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain

Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant was given prescriptions for gabapentin and Pamelor at the same time Lidoderm was renewed. Thus, there was/is no evidence that the applicant had failed multiple classes of first-line oral anticonvulsant and adjuvant medications and/or oral antidepressant and adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.