

Case Number:	CM15-0132461		
Date Assigned:	07/20/2015	Date of Injury:	02/14/2013
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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, California

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 2/14/2013. The injured worker was diagnosed as having chronic left shoulder pain, neck myofascial pain syndrome, occipital neuralgia and migraine headaches, left upper extremity myofascial pain syndrome with guarding, lateral brachial cord and axillary nerve neuralgia, pain induced depression and anxiety, and multiple drug interaction adverse potentials. Her medical history included non-industrial meningioma, cardiovascular disorder, and seizure disorder. Treatment to date has included diagnostics, and medications. Currently on 6/25/15, the injured worker complains of daily trapezius and shoulder pain. Physical examination of the cervical region and left shoulder revealed limited range of motion and tenderness on palpation. Trigger point injections were approved and would be scheduled. Previous discussion was held regarding tapering of benzodiazepines but she reported no reduction in medication since last visit. Her last seizure occurred one week prior. Topamax reduced migraine headaches and seizures and Duloxetine reduced neuralgia. Cold topical devices were needed for the left shoulder to reduce severity of pain. Right shoulder pain was significant, and oral medications were limited by cardiac and gastric conditions. Lidoderm patches were also requested. She continued to sleep only 3 hours nightly due to pain. Prior authorized cognitive behavior therapy was not started and an extension was requested. The patient sustained the injury due to a slip and fall incident. The patient had received an unspecified number of CBT visits for this injury. The medication list include Topamax, Tramadol and Hydrocodone. A detailed recent physical examination of wrist

was not specified in the records specified. A recent detailed psychological evaluation note of the psychiatrist was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy sessions QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 23 Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

Decision rationale: Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The patient had received an unspecified number of CBT visits for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Cognitive Behavioral Therapy sessions QTY: 12 is not medically necessary for this patient.

Wrist Gel Heat/Cold Pack (Sets to be used on the left shoulder) QTY: 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Forearm, Wrist, & Hand (updated 06/29/15) Cold packs.

Decision rationale: Per the cited guidelines for hot and cold pack "Recommended. Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs."The injured worker was diagnosed as having chronic left shoulder pain, neck myofascial pain syndrome, occipital neuralgia and migraine headaches, left upper extremity myofascial pain syndrome with guarding, lateral brachial cord and axillary

nerve neuralgia, pain induced depression and anxiety, and multiple drug interaction adverse potentials. Her medical history included non-industrial meningioma, cardiovascular disorder, and seizure disorder. Currently on 6/25/15, the injured worker complains of daily trapezius and shoulder pain. Physical examination of the cervical region and left shoulder revealed limited range of motion and tenderness on palpation. Right shoulder pain was significant, and oral medications were limited by cardiac and gastric conditions. MTUS guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient had tried multiple medications for this injury. Therefore the patient had significant objective findings that would be benefitted by a Wrist Gel Heat/Cold Pack (Sets to be used on the left shoulder). The request for Wrist Gel Heat/Cold Pack (Sets to be used on the left shoulder) QTY: 2 is medically necessary and appropriate for this patient at this time.

Lidoderm 5% patches #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-112, Topical Analgesics Lidoderm (lidocaine patch) page 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." According to the MTUS Chronic Pain Guidelines, topical lidocaine may be 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). The injured worker was diagnosed as having chronic left shoulder pain, neck myofascial pain syndrome, occipital neuralgia and migraine headaches, left upper extremity myofascial pain syndrome with guarding, lateral brachial cord and axillary nerve neuralgia, pain induced depression and anxiety, and multiple drug interaction adverse potentials. Her medical history included non-industrial meningioma, cardiovascular disorder, and seizure disorder. Currently on 6/25/15, the injured worker complains of daily trapezius and shoulder pain. Physical examination of the cervical region and left shoulder revealed limited range of motion and tenderness on palpation. Right shoulder pain was significant, and oral medications were limited by cardiac and gastric conditions. MTUS guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient had tried multiple medications for this injury. The medication Lidoderm 5% patches #60 is medically necessary and appropriate.