

Case Number:	CM15-0163385		
Date Assigned:	08/31/2015	Date of Injury:	05/22/2008
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 67 year old female who sustained an industrial injury on 05/22/2008. A psychological progress report of 10/28/2014 shows that she is in weekly psychotherapy for directive supportive and cognitive behavioral therapy, and bimonthly group therapy. Symptoms include severe pain on the left side of her neck and left upper back, pain in both hands and wrists; left shoulder weakness, pain, stiffness and reduced mobility; difficulty grasping in her hands; and difficulty typing using the computer. Treatment was to continue to address the depression, increased anxiety, insomnia, cognitive impairment, PTSD, and feelings of anger and rage. The patient had started in psychotherapy in 2000 due to her husband's prostate cancer, and has been receiving that along with group since then. Several peer reviews over the ensuing years recommended non-certification due to the length of time the patient had received psychotherapy. A psychiatric AME in 2011 gave her the diagnosis of depression NOS. She had a brief regression in 10/2014 when her case settled and services stopped. Treatment was reinstated and she improved. An interim psychiatric report from 06/05/2015 recommends continuing psychotherapy. Medications include Sertraline 100mg, Pristiq 100 mg, Namenda XR 28mg, Seroquel 25 mg 1-2 at night, Lidoderm Patches 5% and Pennsaid Gel 2%. Current requested treatments psychotherapy times 12 visits; Lidoderm patches 5% #60; Pennsaid gel 2% #2 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127.

Decision rationale: Per MTUS, psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid disorders. Guidelines recommend an initial trial of 3-4 visits to determine objective functional improvement. ODG Psychotherapy Guidelines are up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made, this patient has been receiving psychotherapy for many years along with group therapy. She has well exceeded ODG guidelines, and has had time to develop, solidify, and implement her coping skills to deal with her situation. This request is noncertified therefore is not medically necessary.

Lidoderm patches 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57 of 127.

Decision rationale: Lidocaine (Lidoderm) 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The patient suffers from chronic pain without mention of post herpetic neuralgia. There is no evidence that she has shown adverse effects or lack of efficacy from first line agents, including over the counter medications. This request is noncertified therefore is not medically necessary.

Pennsaid gel 2% #2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Pennsaid (diclofenac sodium topical solution).

Decision rationale: Per ODG, Pennsaid is not recommended as a first line treatment for chronic pain, it is recommended for osteoarthritis. The patient suffers from chronic pain without mention of osteoarthritis. There is no evidence that the patient failed oral NSAIDS or that there are contraindications to oral NSAIDS. This request is noncertified, therefore is not medically necessary.