MAXIMUS Federal Services

Case Number:	CM15-0210836		
Date Assigned:	10/29/2015	Date of Injury:	03/07/2015
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male with a date of injury on 3-7-15. A review of the medical records indicates that the injured worker is undergoing treatment for right hand injury and major depression. Progress report dated 9-23-15 reports continued complaints of severe pain in his right index finger. Surgery was recommended to add more cushion to the fingertip. He is taking Gabapentin and states the increased dose helps with sleep by only 10 percent. Objective findings: energy level is about the same, he was hopeful he was getting the surgery and is now frustrated that it was denied. Treatments include: medications, TENS unit and plastic surgery of 2nd finger. According to the medical records, he has been taking Gabapentin since at least 8-19-15. Request for authorization was made for Gabapentin 300 mg, Psychiatric Med Evaluation and Follow-up and Cognitive Behavioral Psychotherapy Evaluation. Utilization review dated 9-30-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with severe pain in his right index finger. The request is for Gabapentin 300mg. The request for authorization form is dated 09/23/15. Patient's diagnosis includes major depressive episode, single, moderate. Mental status examination reveals he is polite, open. He is frustrated because he feels that he needs surgery and is upset that the insurance company first approved and then disapproved of the surgery. Again, he was hopeful when he was getting the surgery. When he was not, he became frustrated, upset and concerned. Thought process is clear, linear, and understandable. Insight and judgment are good. Per progress report dated 09/23/15, the patient is not working. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per progress report dated 09/23/15, treater's reason for the request is "takes three Gabapentin 300mg before bedtime which has helped him with his mood. His mood is also contingent upon his level of pain in his finger." Review of provided medical records show the patient was prescribed Gabapentin on 06/22/15. The patient continues with right index finger pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater states Gabapentin helps the patient with his "mood." However, this medication is indicated for neuropathic pain and treater does not discuss and document pain relief or functional improvement with specific examples with use of Gabapentin. Therefore, the request is not medically necessary.

Psychiatric Med Evaluation and Follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents with severe pain in his right index finger. The request is for Psychiatric Med Evaluation and Follow-Up. The request for authorization form is dated 09/23/15. Patient's diagnosis includes major depressive episode, single, moderate. Mental status examination reveals he is polite, open. He is frustrated because he feels that he needs surgery and is upset that the insurance company first approved and then disapproved of the surgery. Again, he was hopeful when he was getting the surgery. When he was not, he became frustrated, upset and concerned. Thought process is clear, linear, and understandable. Insight and judgment are good. Per progress report dated 09/23/15, the patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per appeal letter dated 09/23/15, treater's reason for the request is "psyche is

included in the claim." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Psychiatric Med Evaluation and Follow-up. The patient is diagnosed with major depressive episode. Given the patient's symptoms and diagnosis, a Psychiatric Med Evaluation and Follow-up may contribute to improved management of symptoms. Therefore, the request is medically necessary.

Cognitive Behavioral Psychotherapy Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents with severe pain in his right index finger. The request is for Cognitive Behavioral Psychotherapy Evaluation. The request for authorization form is dated 09/23/15. Patient's diagnosis includes major depressive episode, single, moderate. Mental status examination reveals he is polite, open. He is frustrated because he feels that he needs surgery and is upset that the insurance company first approved and then disapproved of the surgery. Again, he was hopeful when he was getting the surgery. When he was not, he became frustrated, upset and concerned. Thought process is clear, linear, and understandable. Insight and judgment are good. Per progress report dated 09/23/15, the patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per appeal letter dated 09/23/15, treater's reason for the request is "psyche is included in the claim." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Cognitive Behavioral Psychotherapy Evaluation. The patient is diagnosed with major depressive episode. Given the patient's symptoms and diagnosis, a Cognitive Behavioral Psychotherapy Evaluation may contribute to improved management of symptoms. Therefore, the request is medically necessary.