MAXIMUS Federal Services

Case Number:	CM15-0033734		
Date Assigned:	03/05/2015	Date of Injury:	06/17/2006
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68 year old female, who sustained an industrial injury on 06/17/2006. She has reported subsequent shoulder, back and neck pain and was diagnosed with left shoulder rotator cuff tear and acromioclavicular joint arthritis, recurrent supraspinatus tendon tear, chronic low back pain with facet arthropathy and chronic neck pain with degenerative disc disease. Treatment to date has included oral and topical pain medication, trigger point injections and surgery. In a progress note dated 12/01/2014, the injured worker complained of moderate to severe neck pain radiating to the head and shoulder. Objective findings were notable for tenderness of the left lower cervical spine that was localized around the C5-C6 region, limited range of motion in the left shoulder and tenderness of the lumbar spine. Requests for authorization of Lorazepam, Tramadol and Lidoderm patch were made. A 01/13/2015 progress note indicated that the injured worker wanted to see a psychotherapist and a request for authorization of a psych consult was made. The note did not provide any other specifics as to why the request was being made. On 02/09/2015, Utilization Review non-certified requests for psychologist consult and Lidoderm patch, noting that the documentation did not reflect any psychological issues to support the need for a consult and that there was no documentation that the injured worker had a condition for which topical Lidoderm is FDA approved, and modified requests for Lorazepam and Tramadol, noting that Lorazepam should not be used long term and that there was no evidence of functional benefit with Tramadol. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist consultation/treatment with [redacted]: Upheld
Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92,Chronic Pain Treatment Guidelines Pyschological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress- Cognitive therapy for depression.

Decision rationale: Psychologist consultation/treatment with [redacted] is not medically necessary per the MTUS Guidelines and the ODG Psychotherapy Guidelines. The MTUS states that psychological evaluations are recommended for appropriately identified patients during treatment for chronic pain. The ODG states that if necessary a patient can have up to 13-20 visits of psychotherapy over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The MTUS states that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The request does not specify the treatment or a quantity of visits for this psychology consultation. Furthermore it is not clear whether the patient has had prior pyschotherapy and the quantity and outcome in the past. For these reasons the request for psychologist consultation/treatment is not medically necessary.

Retro Lorazepam 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Retro Lorazepam 2mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Lorazepam without functional improvement. The guidelines do not recommend long term use. The request for retro Lorazepam is not medically necessary.

Retro Tramadol #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Retro Tramadol #120 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on opioids without significant functional improvement therefore the request for retro Tramadol #120 is not medically necessary.

Retro Lidoderm patch: 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 (lidocaine patch)- Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain -Lidodermï¿½ (lidocaine patch).

Decision rationale: Retro Lidoderm Patch is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS guidelines state that 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The ODG states that a trial of Lidoderm patch treatment is recommended for a short-term period (no more than four weeks). Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation indicates no significant functional improvement or improvements in pain on Lidoderm patches . The request for Lidoderm Patch is not medically necessary