

Case Number:	CM15-0046281		
Date Assigned:	03/18/2015	Date of Injury:	07/09/2001
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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 57 year old female, who sustained an industrial injury on 7/09/2001, while employed as a medical processor, due to continuous trauma. The injured worker was diagnosed as having myalgia and myositis and lateral epicondylitis.. Treatment to date has included surgical and conservative measures, including diagnostics, medications, physical therapy, psychology, acupuncture, massage, and medications. Currently, the injured worker complains of pain in her both shoulders, right index finger, and bilateral elbows. She rated pain 6/10 and 10/10 at worst. Medication use included Ibuprofen and Flector. She reported taking Ibuprofen at night for sleep assist. She reported Flector application to both trapezii and both forearms, with good benefit. She reported that Elavil caused headaches, so she stopped it, and took Enbrel for rheumatoid arthritis. Physical therapy was documented as authorized and pending scheduling. Personal Health Questionnaire result was 24. Opioid Risk Tool score was 0. Brief Battery for Health Improvement (7/31/2014) was documented a global rating of 9. Physical exam noted a depressed appearance. Painful areas and spasms were noted to the bilateral trapezii, with a twitch in the right middle trapezius. Range of motion measurements were noted. Motor and sensory deficits were not documented. The lateral epicondyle at the left elbow was painful to palpation. Trigger point injections were performed to bilateral trapezii and lateral epicondyles, with good relief. The treatment plan included physical therapy x2 with transition to home exercise program, maintain Flector patch, referral for cognitive behavioral therapy, and restart Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral for unknown cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

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

Decision rationale: 1 referral for unknown cognitive behavioral therapy sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The MTUS supports an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request does not specify the quantity of sessions. Furthermore, the documentation is not clear on the total number of prior cognitive behavioral sessions the patient has had with a work injury dating back to 2011. Without this information the request for 1 referral for unknown cognitive behavioral therapy sessions is not medically necessary.

1 prescription of Flector patch 1.5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: 1 prescription of Flector patch 1.5% #60 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDS) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The documentation does not indicate that the patient is using Flector Patch for acute pain. The MTUS states that Diclofenac is for acute musculoskeletal pain only. Furthermore, the documentation indicates that the patient applied Flector patch to her trapezii and forearms. The MTUS supports topical NSAIDS for short term use only in joints that lend themselves to topical treatment such as the hand. The MTUS does not support topical NSAIDS for the muscles such as the trapezii. The request for Flector patch is not medically necessary or appropriate.

