

Case Number:	CM15-0082753		
Date Assigned:	05/05/2015	Date of Injury:	09/23/2008
Decision Date:	06/05/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 9/23/2008. She reported slipping and falling onto her left knee and her back, with injuries to her neck, mid back, lower back, shoulders, elbows, wrists, hands, legs, knees, ankles and foot. Diagnoses have included lumbago, failed back surgery, lumbar facet dysfunction, greater trochanteric bursitis, knee pain, depression and gastritis. Treatment to date has included physical therapy, chiropractic treatment and acupuncture. Left knee magnetic resonance imaging (MRI) dated 3/17/2015 showed focal area of contusion along the posterior margin of the medial femoral condyle. According to the progress report dated 3/3/2015, the injured worker complained of low back, hip and knee pain. She was status post bilateral greater trochanter steroid injection in mid February 2015 with partial improvement in hip pain. She was currently not working. The injured worker appeared anxious. Patrick's and facet loading tests were noted to be positive. There was tenderness to palpation over the bilateral greater trochanteric, lumbar paraspinal musculature and sacroiliac joint region. Knees were tender to touch bilaterally. Authorization was requested for Lidocaine 10%, Ketoprofen 10% quantity 32gms, a urine drug test and referral to psychologist for cognitive behavioral therapy evaluation and treatment, six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 10%, Ketoprofen 10% quantity 32gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS recommends lidocaine only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine 10%, Ketoprofen 10% quantity 32gms is not medically necessary.

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 77;78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Patient underwent a urine drug screen on 04/15/2015 and was found to be compliant. Urine drug screen is not medically necessary.

Referral to psychologist for cognitive behavioral therapy evaluation and treatment, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 100-101.

Decision rationale: Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated.

The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Referral to psychologist for cognitive behavioral therapy evaluation and treatment, six sessions is not medically necessary.