

Case Number:	CM14-0131963		
Date Assigned:	09/16/2014	Date of Injury:	11/03/2009
Decision Date:	10/20/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of November 3, 2009. A utilization review determination dated July 22, 2014 recommends non-certification of psychology sessions, Flector, and Lidoderm. July 14, 2014 medical report identifies thoracic and lumbar pain, about the same as at the last visit. Depressed mood and frustration with ongoing pain symptoms and associated physical limitations. Had been seeing a psychologist, but not for last two years, and would like to have some sessions again. On exam, there are trigger points and tenderness noted. Recommendations include 4 psychology sessions, Flector, and Lidoderm. Patches reduce pain by at least 40% and allow patient to continue to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four psychology sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. See also Cognitive behavioral therapy, P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127.

Decision rationale: Regarding the request for 4 sessions with psychology, Chronic Pain Medical Treatment Guidelines do support the use of psychological treatment such as cognitive behavioral

therapy in the management of chronic pain patients. They also note that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, the patient was previously treating with a psychologist, but that was approximately two years prior and there is no clear indication of functional improvement from those sessions. Furthermore, current documentation of symptoms is limited to depressed mood and frustration and there is no indication of a recent psychological evaluation demonstrating the need for the current use of additional psychological treatment. While a psychological evaluation may be reasonable, there is, unfortunately, no provision for modification of the current request to allow for a psychological evaluation. In light of the above issues, the request for four psychology sessions are not medically necessary or appropriate.

Flector 1.3 transdermal twelve hour patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flector, CA MTUS states topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned conditions have been documented and there is no indication of efficacy from prior use as evidenced by quantified pain relief, functional improvement, etc. Given all of the above, the request for Flector 1.3 transdermal twelve hour patches is not medically necessary or appropriate.

Lidoderm 5% 700 mg adhesive patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "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 (anti-emetic drug) such as gabapentin or Lyrica)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. Furthermore, there is no

indication of efficacy from prior use as evidenced by quantified pain relief, functional improvement, etc. Given all of the above, the request for Lidoderm 5% 700 mg adhesive patches is not medically necessary or appropriate.