

Case Number:	CM14-0216091		
Date Assigned:	01/06/2015	Date of Injury:	06/05/2005
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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:

The injured worker is a 50-year-old female, with a reported date of injury of 06/05/2005. The result of the injury was right shoulder pain. The current diagnoses include right shoulder adhesive capsulitis, chronic right shoulder pain, and rotator cuff tendinitis, and status post right acromioplasty and distal clavicle resection. The past diagnoses include right shoulder pain. Treatments have included Lidoderm patches, which reduced her pain at about 50%, pain psychology, which she benefited from, an MRI of the right shoulder on 10/17/2005, and right shoulder decompression with partial acromioplasty with coracoacromial release and distal clavicle resection on 12/12/2005. The progress report (PR-2) dated 10/24/2014 indicates that the injured worker continued to have persistent right shoulder pain. She rated her pain a 5 out of 10, and described the pain as deep and aching radiating to the right arm. The objective findings included depression; tenderness and spasms of the right shoulder musculature region; right shoulder abduction and forward flexion at 160 degrees; pain with internal rotation; and normal strength of the right upper extremity. The treating physician recommended Lidoderm patches for the right shoulder for superficial neuropathic pain and to increase the injured worker's activity level, and psychotherapy sessions for depression, anxiety, and chronic pain. The injured worker was instructed to return to modified work until 11/30/2014, with no repetitive work with the right upper extremity. On 12/03/2014, Utilization Review (UR) denied the request for Lidoderm 5% #30 and Psychotherapy once a week for twelve (12) weeks. The UR physician noted that there was no evidence of peripherally generated neuropathic pain, and no indication of significant exacerbation of the injured worker's psychological symptoms to justify the restart of

psychotherapy. The UR physician also noted that the current request for psychotherapy exceeds the guideline recommendations. The Chronic Pain Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine and Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 09/17/2014. The 10/24/2014 report: She was using Lidoderm patches which were helping reduce her pain about 50%. It appears that the treater is prescribing this medication for the patient's right shoulder pain. In this case, while the patient report benefit with Lidoderm use, it is not indicated for patients without localized peripheral neuropathic pain. The request is not medically necessary.

Psychotherapy 1 x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment and Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Pain (Chronic)]Chapter, Psychological treatment

Decision rationale: This patient presents with right shoulder pain. The treater is requesting 12 Sessions of Psychotherapy for Depression. The MTUS Guidelines page 23 on behavioral interventions states that it is recommended in the identification and reinforcement of coping skills in the treatment of pain. ODG recommends an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement up to a total of 6 to 10 visits over 5 to 6 weeks. The psychological reports from 05/15/2014 to 08/13/2014 show a total of 5 psychotherapy sessions. The 08/13/2014 psychology report shows that the patient's anxiety and depression has decreased significantly. She is taking fewer medications and is taking care of

her appearance and hygiene. Her interest and enjoyment of things have increased, and she is more optimistic, hopeful, motivated, and energetic. In this case, the patient has shown functional improvement while utilizing cognitive behavioral therapy, and while continued treatment is supported by the guidelines up to 10 sessions, the requested 12 visits exceeds MTUS Guidelines. The request is not medically necessary.