

Case Number:	CM14-0218082		
Date Assigned:	01/07/2015	Date of Injury:	06/06/2011
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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 41 year old female with a reported industrial injury on June 6, 2011, related to repetitive movement. The injured worker was seen on October 27, 2014, for follow-up visit with primary treating physician. The presenting complaints included chronic pain in the neck with bilateral upper extremity discomfort, feels a fair amount of depression. Her symptoms have been moderate with the medication regimen has localized pain in the neck without other new neurologic abnormalities. The physical exam revealed is reported that there are no focal neurologic abnormalities in the upper extremities and reflexes are intact. The medical treatment is pool therapy, HEP, self-directed exercises, injections, physical therapy times ten sessions last one on July 9, 2014 and Psychology consultation. The medications include Oxycontin, Oxycodone, Lyrica, Lidocaine cream and Valium. Diagnoses are post cervical laminectomy syndrome, status post cervical disc arthroplasty, chronic cervical strain and postoperative pain management. The treatment plan is pain management psychologist, medication management, short wrist splints, cervical pillow for postural support and follow up for trigger point injections. The injured worker was seen on August 29, 2014 and October 6, 2014 by psychologist. A Minnesota Multiphasic Personality Inventor 2 test was done at the August visit. The diagnostic impression was the pattern has usually been associated with borderline and overtly psychotic conditions, with diagnosis of paranoid schizophrenia being the most typical. On October 27, 2014, the provider requested Lidocaine cream 5% 1 tube, 12 visits with a psychologist, Pair of short wrist splints, Valium 10mg #60, Oxycontin 80mg #60, Oxycodone 10mg #120, Medication management and Ergonomic cervical pillow, on December 2, 2014, the Utilization Review non-

certified 12 visits with a psychologist, Pair of short wrist splints and Lidocaine cream 5% 1 tube the decision was based on the American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of short wrist splints: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand Chapter, Splints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient presents with chronic pain in the neck with bilateral upper extremity discomfort, rated 8/10; and depression. The request is for PAIR OF SHORT WRISTS SPLINTS. The patient is status post cervical disc arthropathy, date unspecified. Patient's diagnosis on 12/02/14 includes post-cervical laminectomy syndrome. Per progress report dated 10/27/14, patient's medications include Oxycontin, Oxycodone, Lyrica, Valium, and Lidocaine cream applied to affected areas. Work status has not been provided. For wrist bracing/splinting, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." Per Request for Authorization form dated of 11/18/14, treater requests DME pair of short wrist splints for the diagnosis of cervical radiculopathy and CTS. Treater states in progress report dated 12/02/14 that "short wrist splints are indicated for this patient for upper extremity use." Treater states "I will submit the short wrist splints for continued use." In this case, given the patient's persistent complaints of pain and diagnosis of carpal tunnel syndrome, the request for bilateral wrist splints appears reasonable and is indicated by guidelines. Therefore, the request IS medical necessary.

12 visits with a psychologist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain chapter, under Psychological treatment; psychotherapy ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with chronic pain in the neck with bilateral upper extremity discomfort, rated 8/10; and depression. The request is for 12 VISITS WITH PSYCHOLOGIST. The patient is status post cervical disc arthropathy, date unspecified. Patient's diagnosis on 12/02/14 includes post-cervical laminectomy syndrome. Per progress

report dated 10/27/14, patient's medications include Oxycontin, Oxycodone, Lyrica, Valium, and Lidocaine cream applied to affected areas. Work status has not been provided. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ODG-TWC, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits 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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Treater states in progress report dated 12/02/14 that based on "patient health questionnaire depression screening form," the patient lies within an area of mild-to-moderate depression. In terms of treatment, the patient is categorized with "moderately severe depression." Treater states "consultation with a pain management psychologist would be helpful," "given the circumstances" and "challenges associated with sort of managing these cases with just medication alone." Given the patient's depression and treater's discussion of benefit to the patient, the request appears reasonable and indicated by guidelines. Therefore, the request IS medically necessary.

Lidocaine cream 5% 1 tube: Overturned

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

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

Decision rationale: The patient presents with chronic pain in the neck with bilateral upper extremity discomfort, rated 8/10; and depression. The request is for LIDOCAINE CREAM 5% 1 TUBE. The patient is status post cervical disc arthropathy, date unspecified. Patient's diagnosis on 12/02/14 includes post-cervical laminectomy syndrome. Per progress report dated 10/27/14, patient's medications include Oxycontin, Oxycodone, Lyrica, Valium, and Lidocaine cream applied to affected areas. Work status has not been provided. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per Request for Authorization form dated of 11/18/14, treater requests DME pair of short wrist splints, and lidocaine 5% cream for the diagnosis of cervical radiculopathy and CTS. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore the request IS NOT medically necessary.

