

<b>Case Number:</b>	CM15-0112497		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: New York

Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 12-16-2014 when fumes from a generator came into the lab through the air vent. She has reported subsequent dizziness and nausea. Progress notes also document subsequent neck, back, bilateral wrist and elbow pain and headaches and the injured worker was diagnosed with toxic effect of unspecified gas, fumes or vapors, migraine headaches, cervicogenic headaches, sprain and strain of the cervical and lumbar spine, cervical radiculopathy, sprain and strain of the bilateral wrists and elbows, depression and anxiety. Treatment to date has included medication. The only medical documentation consists of a physician's first report of illness of injury dated 12-16-2014, PR-2's dated 12-17-2014 and 12-26-2014 and an initial neurological evaluation dated 05-26-2015. On 05-26-2015 the injured worker reported difficulty sleeping, anxiety and panic attacks, dry cough, right eye pain with redness in the morning, headaches beginning with neck pain and tingling on the right side of the head associated with nausea, blurry vision and lightheadedness, right elbow, wrist and hand pain, right arm weakness, substernal chest pain, mid and low back pain, depression and flashbacks. Objective findings were notable for cervical paravertebral muscle spasms, right more than left with trigger points at the supraspinatus and infraspinatus and occipital notch tenderness right greater than left, dislocation downward on jaw opening with temporalis muscle spasms, decreased internal rotation of the right shoulder to 30 degrees, costochondral tenderness to palpation bilaterally, sciatic notch tenderness on the right more than left, thoracic and lumbar paravertebral muscle tenderness bilaterally, right eye conjunctival-subconjunctival hemorrhage, positive Tinell's sign on the right more than left at carpal and cubital

tunnel and decreased sensation in the right C6-C8 distribution. Work status was documented as temporarily totally disabled. A request for authorization of Cymbalta 60 mg #30 with 3 refills, Tramadol 50 mg #90 with 1 refill, psychiatric consultation and treatment, random toxicology screen, internal medicine, pulmonology and ophthalmology consults was submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Psychiatric Consultation and Treatment: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** As per ACOEM guidelines, specialty referral may be necessary for stress related conditions if there is evidence of significant psychopathology or serious medical comorbidities. For conditions such as severe depression and schizophrenia it is recommended that the patient be referred to a specialist, while for more common psychiatric conditions such as mild depression, it is recommended that a referral be made to a specialist if symptoms continue for more than 6-8 weeks. The most recent physician progress note shows that the injured worker was experiencing multiple psychiatric symptoms including depression, anxiety, panic attacks, difficulty sleeping, feeling angry and stressed, frequent worry and flashbacks. The physician's diagnostic impression was depression, anxiety and post-traumatic stress disorder. The injured worker was also diagnosed with multiple comorbid medical conditions and was experiencing pain in several regions of the body. The objective examination noted the presence of abnormal findings across several body systems that appear to be consistent with the injured worker's pain complaints. Given the multiple psychiatric symptoms and the injured worker's comorbid medical conditions, the documentation submitted shows that a psychiatric consultation is reasonable. Therefore, the request for psychiatric consultation and treatment is medically necessary.

#### **Cymbalta 60mg #30 with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Duloxetine (Cymbalta).

**Decision rationale:** As per CA MTUS guidelines, Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. As per ODG, Cymbalta is approved for the treatment of major depressive disorder and has been shown as effective in the treatment of first and subsequent episodes of major depressive disorder. The most recent progress note does show that the injured worker was experiencing signs and symptoms of depression and anxiety with symptoms including difficulty sleeping, panic attacks, being stressed out and angry and having flashbacks. Medical necessity of Cymbalta has been established & is medically necessary.

**Tramadol 50mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol), Opioids Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The medication requested for this patient is Tramadol. According to the CA MTUS guidelines, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. This medication is not recommended as a first-line oral analgesic. Before initiating opioid therapy there must be baseline pain and functional assessments using a validated instrument or numerical rating scale, a psychosocial assessment should be performed, there must be a failure of non-opioid analgesics and goals should be set. The documentation submitted was minimal and did not indicate that the injured worker had failed treatment with non-opioid analgesics. The degree of pain was not quantified and there was no description of goals or documentation of risk for potential misuse or abuse. Therefore, the request for authorization of Tramadol is not medically necessary.

**Random Tox Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Urine Drug Testing.

**Decision rationale:** As per CA MTUS guidelines, for ongoing management of patients prescribed opioid medication, random frequent urine drug screens is one step to avoid misuse of opioids, especially for those at high risk of abuse. As per ODG, urine drug testing is recommended to monitor compliance with prescribed medication, identify the use of undisclosed substances and identify possible diversion. Urine drug testing is recommended at the start of treatment in a new patient who is already taking a controlled substance, when chronic opioid management is considered, in cases where a patient asks for a specific drug, if the patient has a positive or at risk addiction screen, or if aberrant behavior or misuse is suspected or detected. The most recent progress note shows that the physician was starting the injured worker on an opioid medication. Although consideration of chronic opioid management is an indication for urine drug screen, the opioid medication being requested is found to be not medically necessary. Therefore, the request for random toxicology screen is not medically necessary.

**Internal Medicine Consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Office Visits.

**Decision rationale:** Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. The treating provider does not specify what the concerns are that need to be addressed by the consultant. Given the lack of documentation and considering the given guidelines, the request is not medically necessary. Therefore, the request for an internal medicine consultation is not medically necessary.

**Pulmonology Consult:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Office visits.

**Decision rationale:** Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why referral is needed. There is no documentation of concerning respiratory symptoms. Medical records are not clear about any change in injured worker's chronic symptoms. The treating provider does not specify what the concerns are that need to be addressed by the specialist. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.

**Ophthalmology Consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter  
Page(s): 422-424.

**Decision rationale:** As per ACOEM guidelines for the eye, the presence of a red flag condition can signal danger and alerts the physician that the patient has a disorder requiring an ophthalmologist's attention. Red flag symptoms include blurred vision, severe eye pain, photophobia and colored halos. Referral is noted as being advisable if there is evidence of ciliary flush, corneal opacification, corneal epithelial disruption, pupillary abnormalities, shallow anterior chamber depth, elevated intraocular pressure or proptosis. The documentation shows that the injured worker complained of right eye pain although the degree of pain was not quantified. There were no objective examination findings of the eye documented. The physician noted the presence of a subconjunctival hemorrhage. As per ACOEM guidelines, subconjunctival hemorrhage is a simple disorder that will usually resolve spontaneously. In addition, there was no documentation of the presence of any red flag conditions that would warrant the need for ophthalmology consult at this time. Therefore, the request for ophthalmology consultation is not medically necessary.