

Case Number:	CM15-0125446		
Date Assigned:	07/10/2015	Date of Injury:	05/12/2008
Decision Date:	08/05/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 54-year-old female who sustained an industrial injury on 05/12/2008. Diagnoses include right shoulder pain; rotator cuff syndrome; neck pain; cervical degenerative disc disease and right cubital tunnel syndrome. Treatment to date has included medications. A whole body bone scan performed on 3/4/13 was normal. MRI of the cervical spine on 6/30/09 showed the C4-C5 disc protrusion to be slightly less pronounced since the previous MRI in 9/2008; and the degenerative bone and disc changes at C5-C7 were essentially unchanged compared to the previous scan. Electrodiagnostic studies of the right upper extremity dated 7/28/10 were consistent with mild right radial neuropathy across the elbow and a concomitant right C6 radiculitis. According to the progress notes dated 5/21/15, the IW reported right shoulder and right elbow pain and neck pain and headaches. She stated the right elbow pain was getting worse. She complained of numbness of the last two digits of the right hand and of the right elbow. She reported the right thumb and index finger had been aching. She rated her pain 7-8/10 without medication and 3-4/10 with them. She was taking gabapentin 600mg ½ tablet every morning and one at bedtime. On examination, cervical range of motion (ROM) was: flexion 0-45 degrees, extension 0-40 degrees and rotation 0-55 degrees left and right. There was tenderness in the mid and upper paraspinal muscles and Spurling's test was negative. ROM of the right shoulder was 0-120 degrees flexion and 0-100 degrees abduction; Tinel's sign was positive at the right elbow. Strength and reflexes of all extremities were normal. The provider reported the IW continued to be depressed. A request was made for psychiatric consult and treatment, type unknown, 10 sessions, for depression; and Neurontin (gabapentin) 600mg, #90, scored tablets for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult and treatment, type unknown, 10 sessions for depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and office guidelines- pg 92, Mental chapter- psychological evaluations and pg 43.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures with not only selected use in pain problems, but also with more widespread use in sub acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. In this case, the claimant does have depression and would benefit from a psychological evaluation however, it is difficult to determine the need for 10 unspecified advance sessions. Clinical need has not been determined by the psychiatrist. The request for 10 sessions is not medically necessary.

Neurontin 600mg, QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Anti-epilepsy drugs (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated

for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have cervical radicular symptoms and has been on Neurontin for several months. The medication does alleviate the symptoms. The use of Gabapentin is appropriate and medically necessary.