

<b>Case Number:</b>	CM13-0046652		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Occupational Health 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:

The applicant is a [REDACTED] employee who filed a claim for chronic knee pain, leg pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of April 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications, topical patches, unspecified amounts of psychotherapy, psychotropic medications, and extensive periods of time off of work. In a clinical progress note dated April 22, 2013, the applicant is described as having issues of chronic pain syndrome, knee pain status post knee surgeries, and neuropathic pain of the lower extremity. The applicant was described as having issues with gastrointestinal upset. He was asked to discontinue Naprosyn and begin Relafen. It was stated that the applicant was using Celexa and lorazepam for his depressive issues and anxiety, the latter of which was not helping. It was stated that the effectiveness of Norco was likewise limited here. Cognitive behavioral therapy was endorsed. The applicant was described as not presently working. In a handwritten note of September 13, 2013, not entirely legible, the applicant's treating provider sought authorization for a home health aide to facilitate performance of activities of daily living, as the applicant was reportedly having difficulty performing the same owing to ongoing pain complaints. The applicant did exhibit an antalgic gait requiring usage of a cane. He is also using a knee brace. The applicant states that he is having problems negotiating stairs and needed transportation to and from office visit. A hinged knee brace was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 3 DAYS/ WK FOR 4 HOURS A DAY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES, Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HOME HEALTH SERVICES AND LOW BACK CHAPTER

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** The attending provider wrote that he intended for the home health aide to facilitate performance of activities of daily living, such as cooking, cleaning, housekeeping, etc. However, services are not specifically covered as stand-alone services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**NORCO: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON WHEN TO CONTINUE OPIOIDS, Page(s): 80.

**Decision rationale:** Norco is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, however, none of the aforementioned criteria have seemingly been met. The attending provider himself noted that Norco has not been entirely effective in terms of pain relief. The applicant's ability to perform activities of daily living is quite limited. The applicant is having difficulty even performing basic activities, such as walking and negotiating stairs. The applicant has failed to return to any form of work. All the above, taken together, suggested that the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have not seemingly been met. Therefore, the request is not certified.

**PROTONIX: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is having ongoing issues with dyspepsia, originally

induced with various NSAIDs, including Naprosyn and Relafen. Ongoing usage of Protonix to combat the same is indicted and appropriate. Therefore, the request is certified.

**TRIAL OF LIDODERM:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LIDODERM

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON LIDOCAINE Page(s): 112. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDOCAINE SECTION, PAGE 112

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are indicated in the treatment of localized peripheral pain (AKA neuropathic pain), in individuals in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, the Lidoderm patches were requested in September 2013. The applicant was described as having seemingly tried Neurontin in April 2013. An earlier trial of Neurontin for neuropathic pain was seemingly ineffectual. Therefore, a trial of Lidoderm is indicated, as suggested on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified.

**LORAZAPAM FOR SLEEP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The request appears to have been misspelled by the claims administrator. It was spelled on one occasion as Lonzepim and as lorazepam on another occasion. Lorazepam is a benzodiazepine. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for chronic or long-term use, for anxiety, sleep, depression, anticonvulsant effect, or any other purpose. In this case, it is further noted that the attending provider has stated that ongoing usage of lorazepam has not been altogether effective in terms of reducing issues with insomnia and depression. Therefore, the request is not certified, for all the stated reasons.