

Case Number:	CM13-0050601		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2008
Decision Date:	05/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 Physician 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 patient is a [REDACTED] employee who has filed a claim for chronic left knee pain associated with an industrial injury of January 09, 2008. Thus far, the patient has been treated with NSAIDs, opioids, Cymbalta, Lidoderm patches, Voltaren gel, Flector patches, Duexis, TENS, stretching, and ice therapy. Current medications include Cymbalta 20mg, Omeprazole 20mg, Flector patches, and Lidoderm patches. Review of progress notes reports left knee pain. There is restricted range of motion of the left knee and right sacroiliac joints with tenderness of multiple body parts including the right sternum, right intercostal muscles, left posterior knee, and lumbar paraspinal muscles. Left knee provocative measures were positive, and nerve root tension signs were negative. Utilization review dated October 30, 2013 indicates that the claims administrator denied a request for Lidoderm patches as there was no documentation of neuropathic pain and efficacy of the patches; TENS unit with supplies for the left knee as there is no documentation regarding TENS use in PT or at home, or of meeting criteria for use; and modified certification for Cymbalta for 1 month trial of 20mg to document benefits to support continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS (FOR PAIN) Page(s): 15.

Decision rationale: As noted on pages 15 and 105 of the Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. The employee has been on this medication since at least January 2013. The report from January 2013 noted headaches with Cymbalta 30mg, and report from October 2013 noted fatigue with use of Cymbalta 30mg for the past two months, and thus was decreased to 20mg. A one-month trial of 20mg was authorized and was noted to cause less fatigue. There is no documentation of neuropathic pain in this employee. In addition, there is no documentation of trial and failure of first-line options such as tricyclics. Therefore, the request for Cymbalta 20mg was not medically necessary per the guideline recommendations of MTUS.

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: As stated on pages 56-57 in the California MTUS chronic pain medical treatment guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. The employee has been on this medication since at February 2013 for 3-4 times a day. There is no clear documentation regarding failure of or intolerance of the employee to first-line therapies, including NSAIDs. There is also no documentation of the benefits derived from use of Lidoderm patches. Therefore, the request for Lidoderm patches was not medically necessary according to the guideline recommendations of MTUS.

TENS UNIT WITH SUPPLIES FOR LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. There is note that use of TENS reduces pain from 9/10 to 3-4/10, lasting 2 hours. The employee has been using TENS

since at least January 2013, but there is no documentation regarding the dates, frequency, and duration of TENS' use, or of any functional benefits derived. Therefore, the request for TENS unit with supplies for the left knee was not medically necessary per the guideline recommendations of MTUS.