

Case Number:	CM13-0050772		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2007
Decision Date:	03/31/2014	UR Denial Date:	10/29/2013
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 Physical Medicine and Rehabilitation, 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:

This is a female patient with a date of injury of June 30, 2007. A utilization review determination dated October 29, 2013 recommends noncertification of amitriptyline, Lidopro topical ointment, and omeprazole. A progress report dated October 10, 2013 identifies subjective complaints of right knee pain rated as 7/10 on the pain scale. The patient has tried water therapy for 14 visits which has improved her walking tolerance. Additionally, the patient is taking ketoprofen 2 times a day, Elavil 10 mg at night, Prilosec one time a day, and he utilizes Terocin cream. She states that the medications to decrease her pain and allow her to increase her activity level, but she does report some constipation with medication use. She also reports occasional G.I. upset with medication use but says that Prilosec helps with her G.I. upset. Diagnoses include status post right knee arthroscopy and right knee chondromalacia patella. Treatment plan recommends additional water therapy, Elavil, ketoprofen 75 mg #90 to be taken every 12 hours PRN(as needed), and Prilosec 20 mg once a day for G.I. upset. Additionally, Lidopro cream is prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10 mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants and Chronic Pain.

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

Decision rationale: Regarding the request for Elavil (Amitriptyline), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Elavil provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Elavil is not medically necessary.

Omeprazole 20 mg qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; and Chronic Pain Medica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is documentation that the patient has complaints of dyspepsia secondary to NSAID use, and uses NSAIDs on a regular basis. As such, the currently requested omeprazole is medically necessary.

Lidopro topical ointment qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 112.

Decision rationale: Regarding request for topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence such documentation, the currently requested topical Lidopro is not medically necessary.