

Case Number:	CM13-0054619		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2009
Decision Date:	03/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/19/2013

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 Family Practice, and is licensed to practice in Texas. 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 53 year old male who reported injury on 03/10/2009 while moving a water heater. The exact mechanism of injury was not provided. The most recent clinical documentation submitted for review indicated that the patient saw the provider 1 month prior to 10/17/2013 for a renewal of medications. The patient stated they were taking Norco 10 per 325 mg 1 four times a day, Neurontin 100 mg 4 times a day, Elavil 1 to 3 at bedtime and Lidoderm patches. The patient's pain level on the date of examination was 9/10. The patient's knee pain off the medication was 6/10 to 7/10 and with medications it was decreased to 3/10. Additionally, the patient was noted to be taking Wellbutrin. A request was made for Elavil 25 mg, Neurontin 100 mg, Norco 10 per 325, and Lidoderm 5%. The patient's diagnoses were noted to include bilateral knee pain, depression and wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #90: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that antidepressants are first line treatment for neuropathic pain and state that there should be documentation of objective functional benefit for continued use. Clinical documentation submitted for review failed to indicate an objective quantitative functional benefit. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request Elavil 25 mg #90 is not medically necessary and appropriate.

Neurontin 100mg #120: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that antiepileptic drugs are appropriate treatment for neuropathic chronic pain. There was a lack of documentation in the medical records provided for review that indicated the patient had neuropathic pain. The patient's pain level was noted to be a 3/10 with medications and a 6/10 to 7/10 without medications. There was a lack of documentation of objective functional benefit received from the medication. Given the above, the request for Neurontin 100mg, #120 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,78.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that opiates are appropriate treatment for chronic pain. There should be documentation of an objective decrease in the VAS score, objective functional improvement, documentation of evidence that the patient is being monitored for aberrant drug behavior and possible medication side effects. The clinical documentation submitted for review indicated the patient had a decrease in the VAS score. The patient's pain level was noted to be a 3/10 with medications and a 6/10 to 7/10 without medications. There was a lack of documentation indicating the objective functional benefit received from the medication and documented evidence that the patient is being monitored for aberrant drug behavior. Given the above, the request is not medically necessary.

Lidoderm 5% #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial and failure of first line treatment. This request was concurrently being reviewed with the medication Neurontin which is a first line treatment and, therefore, there was lack of documentation of failure of first line treatments. There was a lack of documentation indicating the functional benefit received from the medication. Given the above, the request for Lidoderm 5% #60 patches is not medically necessary