

Case Number:	CM14-0002598		
Date Assigned:	01/24/2014	Date of Injury:	03/10/2009
Decision Date:	06/12/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/07/2014

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 Medicine 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 patient has submitted a claim of bilateral knee pain associated with industrial injury date of 3/10/2009. Treatment to date has included, knee braces, psychiatric treatment, intake of medications which include Norco 10/325mg/tab, Neurontin 100 mg/day, Lidoderm patches and Elavil 25 mg which were prescribed since at least March 12, 2013. He's also taking Wellbutrin XL 300 mg and Deplin 15mg for his depression. Medical records from 2013 were reviewed which revealed bilateral knee pain and right wrist pain currently graded 9-10/10, as well as depression issues. His pain level had been manageable with medications. His pain was so bad that he could not sleep at night. Physical examination showed some sensitivity suggestive of allodynia of the bilateral knees. He also had tenderness in the volar aspect of his right wrist. Psychiatric evaluation dated 3/14/13 diagnosed him to have Axis I: Major Depressive Disorder (with questionable psychotic features) Pain Disorder Associated with Psychological Factors and a General Medical Condition DSM-IV 307.89 Axis II: Histrionic Personality Traits (rule-out disorder), with symptom magnification.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 TABLETS OF HYDROCODONE/APAP 10/325MG: Upheld

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

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

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been on this medication since at least March 12, 2013. The functional improvements and pain relief attributed to the use of this medication were not documented. Monitoring of the said drug was also not mentioned in the medical records given for review. CA MTUS requires clear and consistent documentation for ongoing opioid use. Therefore, the request for hydrocodone/APAP 10/325mg #120 is not medically necessary.

60 LIDOCAINE PADS 5%: Upheld

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

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidocaine pad is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, patient has started using lidocaine pad since August 2013 as adjuvant treatment to Elavil, a tricyclic antidepressant. However, medical records submitted for review do not document improvement both in pain and function associated with its use. Furthermore, the patient's current presentation is not consistent with neuropathic pain. Therefore, the request for Lidocaine pads 5% #60 is not medically necessary.