

Case Number:	CM14-0011326		
Date Assigned:	02/21/2014	Date of Injury:	06/08/2012
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/28/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic knee pain, chronic low back pain, and chronic arm pain reportedly associated with an industrial injury of June 8, 2012. Thus far, the patient has been treated with the following: Analgesic medications; psychotropic medications; adjuvant medications; prior left shoulder surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated December 31, 2013, the claims administrator denied a request for Thera Cane massager, citing non-MTUS Guidelines, partially certified a request for Meloxicam with two refills, partially certified a request for Amitriptyline with two refills, denied Lidoderm patch, and approved one physical therapy session for training purposes. The patient's attorney subsequently appealed. In a progress note dated December 2, 2013, the patient was described as working full time as a fruit packer. The patient's symptoms were reportedly ameliorated with her current medication regimen, it was stated. The patient was reportedly using Meloxicam, Lidoderm patches, and Amitriptyline or Elavil. The patient was having difficulty kneeling, it was stated. Medications, including Lidoderm, had become less effective over time, it was acknowledged. Meloxicam was discontinued. Celebrex was introduced. Amitriptyline and Lidoderm were introduced. Operating diagnoses included shoulder rotator cuff injury, cervical myofascial pain, and traumatic bilateral knee injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm patches are indicated in the treatment of neuropathic pain or localized peripheral pain in patients in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, the patient is reportedly using a first-line antidepressant medication, Amitriptyline, with reportedly good effect, effectively obviating the need for topical Lidoderm patches. Therefore, the request is not medically necessary.

MELOXICAM 7.5MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory such as Meloxicam do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic knee pain reportedly present here. In this case, however, the attending provider has seemingly stated that the ongoing usage of Meloxicam has waned in efficacy. The attending provider stated that ongoing usage of Meloxicam has not been altogether beneficial and that the patient was ultimately asked to discontinue the same, in December 2013. Given the fact the Meloxicam is reportedly waning in efficacy, per the attending provider, the request is not medically necessary.

AMITRIPTYLINE 25MG #30 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antidepressants For Chr.

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

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, Amitriptyline, a tricyclic antidepressant, is considered a first-line agent for chronic pain, as is present here. Page 13 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that antidepressants are a possibility for non-neuropathic pain and are a first-line option for neuropathic pain. In this case, whatever the source of the patient's pain, she has apparently responded favorably to ongoing usage of Amitriptyline, per the patient's attending provider. She has returned to regular work. The attending provider has seemingly posited that

ongoing usage of Amitriptyline has been beneficial here. This is supported by the patient's successful return to regular work, which does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f. Therefore, the request is medically necessary.

THERACANE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 2.

Decision rationale: The MTUS does not address the topic of mechanical devices for administering massage. As noted in the Third Edition ACOEM Guidelines, however, provision of mechanical devices such as the Thera Cane in question here for the purposes of administering massage are "not recommended." In this case, the attending provider has not proffered any patient-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.