

Case Number:	CM14-0019526		
Date Assigned:	04/21/2014	Date of Injury:	04/20/1988
Decision Date:	12/04/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old female with date of injury of 04/20/1988. The listed diagnoses per [REDACTED] from 01/13/2014 are shoulder pain; knee pain; and hypertension. According to this report, the patient complains of left shoulder pain and right knee pain. The patient is status post left shoulder surgery from 2009 and right total knee replacement with [REDACTED] on 11/01/2011. The patient reports knee pain that is intense with swelling and increased pain and numbness along the outer side of the knee. She is tapering off medications and denies any new side effects from medications. The patient has been taking medications as prescribed and states that they are controlling some but not all of the pain symptoms. Her pain level is 10/10. The examination shows the patient is well-developed in no acute distress. The patient's gait is antalgic and she walks with the use of a cane. She has a well-healed longitudinal scar on her right knee. The patient is able to sit for 15 minutes without any limitations or evidence of pain. The reports include an AME report from 01/13/2014 and progress reports from 08/28/2013 to 01/13/2014. The utilization review denied the request on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Cyclobenzaprine Tab 5mg 1.5 Tabs PO QD PRN (30 Days) #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The provider is requesting a refill of Cyclobenzaprine Tablet 5 Mg, 1.5 Tabs P.O. Q.D. P.R.N. (30 Days) #45. The MTUS Guidelines page 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (Amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Cyclobenzaprine on 08/20/2013. In this case, MTUS does not support the long-term use of Cyclobenzaprine. Therefore, this request is not medically necessary.

Refill Prilosec Delayed Release Cap 20mg 1 Cap PO BID PRN (30 Days) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: The provider is requesting a refill of Prilosec Delayed-Release Cap 20 Mg 1 Cap P.O. B.I.D. P.R.N. (30 Days) #60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: Ages greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA or corticosteroids and anticoagulants; and high-dose multiple NSAIDs. The records show that the patient was prescribed Prilosec on 08/28/2013. None of the records from 08/28/2013 to 01/13/2014 discuss gastrointestinal events. For prophylactic use of PPI's for oral NSAIDs, GI risk assessment must be provided per MTUS. Therefore, this request is not medically necessary.

Refill Lidoderm Film 5 Percent 1-3 Patches Applied Topically Once a Day (30 Days) #90 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine indication; Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm (Lidocaine patch), Pain (Chronic) chapter

Decision rationale: The provider is requesting a refill of Lidoderm Film 5% 1 To 3 Patches apply topically once a day (30 days) #90 with 2 refills. The MTUS Guidelines page 56 and 57 states on Lidocaine, "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or anti-epilepsy drugs such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine

indication: Neuropathic pain. Recommended for localized peripheral pain." When reading the Official Disability Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with neuropathic etiology." Official Disability Guidelines further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 08/28/2013. In this case, the patient does not present with localized peripheral neuropathic pain. Therefore, this request is not medically necessary.

Refill Gabapentin Tab 600mg 1 Tab PO BID (30 Days) #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Medications Used for Chronic Pain Page(s): 18-19; 60.

Decision rationale: The provider is requesting a refill for Gabapentin Tab 600 Mg 1 Tab P.O. B.I.D. (30 Days) #60. The MTUS Guidelines page 18 and 19 on Gabapentin states that it has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as first line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, effect in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed Gabapentin on 08/28/2013. The 01/13/2014 report notes, "The medications are controlling some, but not all of the pain symptoms. The patient understands that all of the symptoms will not be completely eliminated by pain medications." In this case, the patient has reported some benefit with Gabapentin use. Therefore, this request is medically necessary.