

Case Number:	CM14-0127053		
Date Assigned:	08/13/2014	Date of Injury:	03/30/1989
Decision Date:	09/18/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 72-year-old female was reportedly injured on 3/30/1989. The mechanism of injury was listed as a fall after she twisted her knee while cleaning a floor. The most recent progress note, dated 8/7/2014, indicated that there were ongoing complaints of low back pain and knee pain. Physical examination demonstrated painful, enlarged knees with deformity, reduced lumbar lordosis, diffuse tenderness and mild swelling to the lumbar area, lumbar ROM markedly limited. The patient cannot raise to heels or toes due to pain. DTR's +1 at patellae and ankles. No recent diagnostic imaging studies available for review. Previous treatment included hydromorphone, Celexa, Ambien, Voltaren gel 1%, Limbrel, Strattera, Lidoderm Patch 5% and Dexilant. A request had been made for Strattera 78 mg, Lidoderm Patch 5%, and Dexilant 60 mg, which were not certified in the utilization review on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strattera 78mg 1 qd: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Strattera Packet Insert and Prescribing Information; FDA.

Decision rationale: Strattera (atomoxetine) is a selective norepinephrine reuptake inhibitor and is indicated for the treatment of Attention-Deficit/Hyperactivity Disorder (ADHD). It is not indicated or considered medically necessary.

Narcotic Lidoderm Patch 5% 1-3 patches qd: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, reports that she is using the patches for knee pain and fails to document signs or symptoms consistent with neuropathic pain. As such, this request is not medically necessary.

Dexilant 60mg q am: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, reports that she is using the patches for knee pain and fails to document signs or symptoms consistent with neuropathic pain. As such, this request is not medically necessary.