

Case Number:	CM14-0021464		
Date Assigned:	05/07/2014	Date of Injury:	07/20/2008
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 Neurology Surgery 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 injured employee is a 54-year-old female who sustained a work-related injury on July 20, 2008. The mechanism of injury is unknown. The injured employee was seen on April 29, 2014 and currently complains of left shoulder pain and hyperalgesia in her arm. There is a prior diagnosis of chronic regional pain syndrome. Notes on this date state that the injured employee has stopped taking Suboxone due to nausea and vomiting and gabapentin due to sedation. However, the injured employee also states that Suboxone has been effective for her pain. Current medications are stated to include amitriptyline, naltrexone, and Lidoderm patches. The physical examination on this date noted tenderness of the right subacromial region and the left subacromial region, as well as the anterior and posterior joint line. Painful range of motion of the left shoulder was noted. There was a diagnosis of RSD of the upper extremity, depression/anxiety, and chronic pain due to trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5%(700MG/PATCH) PATCHES #60 X3: Upheld

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

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

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend Lidoderm for localized peripheral pain only after failure of a trial of first-line therapy such as an antidepressant. The injured employee is currently reported to be taking amitriptyline and notes dated April 29, 2014 state that this medication has been continued. Therefore it is unclear why Lidoderm patches were prescribed if this antidepressant is still apparently determined to be effective. Therefore this request for Lidoderm patches is not medically necessary.

DOXEPIN HYDROCHLORIDE 50 MG #30 X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tricyclic antidepressants Page(s): 15.

Decision rationale: Doxepin just like amitriptyline is also a tricyclic antidepressant. It is unclear why the prescriber is using both of these medications as this reason is not addressed in the medical record. As previously stated, the injured employee is already prescribed amitriptyline and this medication has been refilled and is assumed to be effective. Without any additional information justifying an additional tricyclic antidepressant, this request for Doxepin is not medically necessary.

SUBOXONE 8MG-2MG #30 X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Suboxone is a medication prescribed for treatment of opiate addiction. According to the attached medical record it has been prescribed for control of chronic pain. This usage is not endorsed by the California MTUS chronic pain medical treatment guidelines. Nonetheless, the injured employee states that she has discontinued this medication due to reasons of nausea and vomiting. For these reasons this request is not medically necessary.