

<b>Case Number:</b>	CM14-0051832		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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:

This is a 51 year-old female who has reported knee pain after a work injury on 8/31/99. She has been diagnosed with knee osteoarthritis. Treatment has included a unicompartmental arthroplasty in 2009, and multiple medications, including Norco, Celebrex, Ambien, Lidoderm and nortriptyline during 2013 and 2014. She is currently seen on a regular basis by her pain management physician. Periodic reports since 2013 show ongoing knee pain, and the same medications prescribed. Work status is always described as "not working". There is no discussion of the specific results for any of the medications now under review. On 12/2/13 the patient requested decreasing nortriptyline since her sciatica was improved. The treatment plan included trial of self-tapering nortriptyline. A progress note on 12/20/13 indicated the pain level had increased and sleep was poor. The medication list was the same. Medications were continued as previously prescribed. There was no discussion of nortriptyline. On 1/27/14 pain was increased. Medications included Lidoderm, Celebrex, Norco, Ambien, and nortriptyline. A note was made of a car accident the week prior, with ongoing muscle spasm. No spasm was documented on physical examination. Norco was increased and Soma was added. On 2/24/14, pain was 8/10. Sleep quality was poor and activity was decreased. Lidoderm, Celebrex, Norco, Soma, Ambien, and nortriptyline were continued. On 3/6/14, Utilization Review non-certified the medications now under review, noting the lack of analgesia and the lack of indications per the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline HCL 25 mg, #60 capsules:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain Page(s): 60; 13-16.

**Decision rationale:** Antidepressants are an option for chronic pain, per the MTUS citation above. Any medication used for chronic pain should be continued based on specific symptomatic and functional improvement, per the MTUS citations above (pages 60 and 13). The MTUS states that "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment". There is no documentation of specific responses to Nortriptyline, as is recommended in the MTUS. There is no evidence of functional improvement, and many of the medical reports refer to high pain levels, poor sleep, and decreasing activity. The treating physician did not adequately respond to the injured worker request to taper Nortriptyline, as there was no follow-up to this request and prescribing continued in spite of documented poor response. Ongoing medical necessity is not established in light of the poor pain control, lack of functional benefit, and lack of other benefit (such as sleep quality).

**Soma 350 mg, #30 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants; Carsiprodolol Page(s): 63; 29.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. There is no documentation of back pain or spasm. Prescribing has occurred for more than the short period recommended by the MTUS. No reports show any specific and significant improvements in pain or function as a result of prescribing Soma. Soma is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, Soma is not indicated and is not medically necessary.

**Lidoderm 5% patches, #30, with three (3) refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Medications for chronic pain Page(s): 57; 60.

**Decision rationale:** Topical lidocaine (Lidoderm patch) is indicated for post-herpetic neuralgia, according to the manufacturer. The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica". The treating physician has not provided evidence that Lidoderm was trialed only after adequate trials of these other medications. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. Lidoderm appears to be prescribed in this case for knee osteoarthritis. There is no evidence for specific symptomatic and functional benefit, as would be necessary per the MTUS page 60, cited above. Lidoderm is not medically necessary based on the MTUS.