

<b>Case Number:</b>	CM14-0069051		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/07/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 & Rehabilitation 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:

According to the records made available for review, this is a 52-year-old male with an 8/7/03 date of injury. At the time (4/17/14) of request for authorization for Lidocaine HCL 2% gel #4, Vicodin 5/300 #120, and Cymbalta 30mg #30, there is documentation of; subjective chronic pain, decreased quality of sleep, fatigue, poor energy, depressed mood, and objective tenderness to palpation over the left knee medial joint knee and patella, positive McMurray's test of the left knee, hyperesthesia over the groin on the right side, and decreased knee and ankle reflexes) findings, current diagnoses (left knee pain, right prepatellar bursitis, and status post left knee arthroscopy on 12/29/13), and treatment to date (ongoing therapy with Lidocaine 2% gel, Vicodin and Cymbalta since at least 11/21/13 with optimal improvement in function and activities of daily living). In addition, medical report identifies a pain agreement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine HCL 2% gel #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical formulations of lidocaine (whether in creams, lotions or gels) are not recommended for neuropathic and/or non-neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine HCL 2% gel #4 is not medically necessary.

**Vicodan 5/300 #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left knee pain, right prepatellar bursitis, and status post left knee arthroscopy on 12/29/13. In addition, given documentation of a pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Vicodin with optimal improvement in function and activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Vicodin. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 5/300 #120 is medically necessary.

**Cymbalta 30mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention

should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left knee pain, right prepatellar bursitis, and status post left knee arthroscopy on 12/29/13. In addition, given documentation of chronic pain, decreased quality of sleep, fatigue, poor energy, and depressed mood, there is documentation of depression. Furthermore, given documentation of ongoing treatment with Cymbalta with optimal increase in function and activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Cymbalta. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 30mg #30 is medically necessary.