

Case Number:	CM14-0076131		
Date Assigned:	07/16/2014	Date of Injury:	08/28/1990
Decision Date:	09/18/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 81 year old gentleman was reportedly injured on August 28, 1990. The mechanism of injury is undisclosed. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of left knee and right ankle pain. Current medications include Norco, Trazodone, Senokot, Tylenol, Neurontin, and tramadol. The physical examination demonstrated significant crepitus with range of motion of the left knee. Diagnostic imaging studies of the left knee noted medial patellofemoral joint arthritis. An X-ray of the right ankle indicates subtler joint degenerative joint disease. Previous treatment includes a right ankle arthrodesis, a left knee brace, and a right ankle brace. A request was made for Lidoderm patches and Trazodone and was not certified in the preauthorization process on April 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% between 4/10/14 and 6/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first line medications. As such, this request for Lidoderm patches is not medically necessary.

Trazodone 50mg #120 for date of service 4/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain - Clinical Measures - Medications: Antidepressants (electronically sited).

Decision rationale: Trazodone (Desyrel) is an antidepressant: of the serotonin antagonists and reuptake inhibitor (SARI) with anxiolytic and sleep inducing effects. The Medical Treatment Utilization Schedule (MTUS) nor American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support Trazodone for treatment of chronic persistent pain without depression. Review of the available medical records, fails to document a diagnosis of depression. As such, this request for Trazodone is not medically necessary.