

<b>Case Number:</b>	CM14-0203666		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 worker is a 62-year-old female who reported an injury on 10/29/2012. The mechanism of injury was not provided. Her past treatments were noted to include medications and physical therapy. On 11/09/2014, the injured worker reported left hip pain. She rated her pain as 4/10. On physical examination of the left hip, it was noted there was no decreased range of motion of the left hip. Her current medications were noted to include Lidoderm 5% patch, Celebrex 200 mg, Cymbalta 60 mg, Ultram 50 mg, and Celebrex 100 mg. The frequency was not provided. The treatment plan was noted to include medications and a followup visit in 3 months or sooner as needed. The most recent clinical note was dated 11/30/2014, and it was noted it was an "on the phone" visit. The injured worker had indicated her pain with medications is 2/10 to 5/10, and without medications is 5/10. The injured worker reported Cymbalta was for chronic pain and hand pain. The Request for Authorization was submitted on 11/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The request for Lidoderm 5% patch 3 refills is not medically necessary. The California MTUS Guidelines recommend Lidoderm patch for localized peripheral pain after there has been evidence of a first line therapy, such as a tricyclic or serotonin norepinephrine reuptake inhibitor antidepressant or antiepilepsy drug such as gabapentin or Lyrica. It was noted that the injured worker has been on Lidoderm patches since at least 04/2014. It is noted that the patient has tried Cymbalta and is currently still on the medication. However, the documentation submitted for review does not indicate that the patient reported neuropathic pain. Additionally, the documentation does not indicate that the use of the Lidoderm patch increases her abilities to perform activities of daily living. Given the above information, the request is not supported by the guidelines. Additionally, the request as submitted does not provide a frequency of the medication. As such, the request is not medically necessary.

**Cymbalta 60mg # refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 105.

**Decision rationale:** The request for Cymbalta 60mg # refills is not medically necessary. The California MTUS Guidelines recommend Cymbalta as a first line treatment option in neuropathic pain. Additionally, the guidelines state an assessment of treatment efficacy should include pain outcomes, change in use of other analgesic medications, evaluation of function, sleep quality and duration, and psychological assessment. It was noted the injured worker has been on the medication since at least 04/2014. It was noted the patient was doing well with Cymbalta. However, it does not indicate increased function with use of medication. Additionally, there is no mention of how patient is sleeping and duration of sleep. Furthermore, there is no documentation the patient had a psychological assessment. Additionally, the request as submitted does not provide a frequency for the medication. In the absence of this documentation, the continued use of Cymbalta is not supported. As such, the request is not medically necessary.

**Ultram 50mg 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Ultram 50mg 3 refills is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is noted that the injured worker has been on this medication since at least 04/2014. The clinical documentation submitted for review does indicate that the patient's pain is 2/10 to 5/10 with medications and 5/10 without medications. However, the documentation does not indicate that the medication helps increase her abilities to perform activities of daily living. Additionally, there is a lack of evidence for consistent urine drug screens, verifying appropriate medication use. Based on the documentation provided, the use of the opioid would not be supported by the guidelines. Additionally, the request as submitted does not provide a frequency of use. As such, the request is not medically necessary.

**Celebrex 100mg 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Celebrex 100mg 3 refills is not medically necessary. The California MTUS Guidelines indicate that Celebrex is an NSAID and is the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use cannot be warranted. Additionally, the guidelines recommend Celebrex only for patients with gastrointestinal events or issues. It was noted the injured worker has been on Celebrex since at least 04/2014, which surpasses the short term recommendation of medication use. There was evidence of pain relief; however, there was a lack of evidence of significant objective functional improvement. Additionally, there is no evidence of gastrointestinal events or issues. Moreover, the request as submitted does not provide a frequency of the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.