

Case Number:	CM14-0212093		
Date Assigned:	01/02/2015	Date of Injury:	09/22/2011
Decision Date:	04/16/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/18/2014

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: New York
 Certification(s)/Specialty: Pediatrics, Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 9/22/2011. Left hand and thumb crushed by a pipe. Based on the progress note dated 9/30/14 the patient complained of left shoulder and thumb pain. He has pain in both elbows. Diagnosis includes: pain in limb, insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: MTUS guidelines state that opioids may be continued when an IW has returned to work. This IW has been on full work duty according to the progress notes. The use of the opioids has been consistent with no indication of misuse. This request is medically necessary at this time.

Lidoderm #90 with 3 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines Lidoderm is indicated for use of localized peripheral neuropathic pain after evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin. The notes included in the file do not indicate a trial of a first-line agent or definitive evidence of neuropathy. This request is not medically necessary at this time.

Elavil 25mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: According to the MTUS guidelines antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. The medical records provided do not indicate to why Elavil has been prescribed. This request is not medically necessary.

Neurontin 300mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs, GABAPENTIN Page(s): 16-17.

Decision rationale: Gabapentin is considered first-line treatment for neuropathic pain. Central pain and none for painful radiculopathy. The medical records provided do not indicate to why Gabapentin has been prescribed. This request is not medically necessary.