

Case Number:	CM15-0131796		
Date Assigned:	07/20/2015	Date of Injury:	12/08/2011
Decision Date:	08/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 12/08/2011. Diagnoses include bilateral shoulder pain and status post bilateral arthroscopic surgery. Treatment to date has included surgical intervention as well as conservative therapy including medications, home exercise, acupuncture and the use of a transcutaneous electrical nerve stimulation (TENS) unit. Per the handwritten Primary Treating Physician's Progress Report dated 6/12/2015, the injured worker reported bilateral shoulder pain. Her major problem is difficulty with sleep due to her pain keeping her up at night. She reports 1-2 hours of sleep per night. She is using Nortriptyline, a TENS unit, home exercise and acupuncture. Physical examination revealed tenderness in the acromioclavicular joint, mildly sore over the superolateral aspect of the shoulder. Active range of motion was full with decreased velocity at end range of movement. The plan of care included oral and topical medications and authorization was requested for Nortriptyline 25mg #60 and Lidocaine patch 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg, #60 with no refill: 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 Antidepressant for chronic pain Page(s): 13.

Decision rationale: Nortriptyline (antidepressants) is generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient's file, there was no documentation of a specific objective neuropathic pain condition occurring on physical examination. There is no documentation of diabetic neuropathy or post-herpetic neuralgia. Based on the above, the prescription for Nortriptyline 25mg #60 is not medically necessary.

Lidocaine patch 4% with no 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 Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, tri-cyclic or SNRI anti-depressants or an AED such as gabapentin". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidocaine patch 4% is not medically necessary.