

Case Number:	CM15-0147655		
Date Assigned:	08/10/2015	Date of Injury:	06/10/1999
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old female, who sustained an industrial injury on June 10, 1999. The injured worker was diagnosed as having complex regional pain syndrome (CRPS), neuropathic pain of lower extremity and reactive depression. Treatment to date has included a walker and medication. A progress note dated June 23, 2015 provides the injured worker complains of right knee pain with weakness. She reports she got a knee brace but doesn't use it because it's a walking brace and she can't unlock it. She reports 50% pain reduction and 50% increase in function with the use of medication. Physical exam notes right knee disuse atrophy with swelling. There is crepitus with passive range of motion (ROM). The right leg is cold compared to the left and there is significant disuse atrophy of the right thigh and calf. The plan includes a new brace and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60 (dosage/number of refills not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ranitidine (H2 antagonist).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects, p70.

Decision rationale: The claimant sustained a work injury in June 1999 and continues to be treated for right knee pain. Diagnoses include CRPS following eight knee sprain/strain. The claimant's history includes dyspepsia from NSAID use. When seen, medications were providing a 50% decrease in pain and functional improvement. Physical examination findings included decreased knee range of motion with crepitus. Patellar compression testing was positive. There was right lower extremity allodynia and decreased temperature. Medications were prescribed including Mobic, Ranitidine, and Lidoderm. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. The claimant is now over age 65 and has a history of NSAID induced dyspepsia. In this clinical scenario, guidelines recommend either a non-selective non-steroidal anti-inflammatory medication with either a proton pump inhibitor or misoprostol or a COX-2 selective agent such as Mobic, which is currently being prescribed. Prescribing an H2-blocker such as ranitidine is not medically necessary.

Lidocaine patch 5% #60 (dosage/number of refills not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in June 1999 and continues to be treated for right knee pain. Diagnoses include CRPS following eight knee sprain/strain. The claimant's history includes dyspepsia from NSAID use. When seen, medications were providing a 50% decrease in pain and functional improvement. Physical examination findings included decreased knee range of motion with crepitus. Patellar compression testing was positive. There was right lower extremity allodynia and decreased temperature. Medications were prescribed including Mobic, Ranitidine, and Lidoderm. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.