

Case Number:	CM15-0180010		
Date Assigned:	09/21/2015	Date of Injury:	02/28/2012
Decision Date:	10/26/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male who sustained an industrial injury on 02-28-2012. Current diagnoses include chronic right knee pain with grade I and II chondromalacia, chronic right ankle pain with evidence of mild sinus tarsi, and chronic right shoulder sprain. Report dated 07-07-2015 noted that the injured worker presented with complaints that included right knee pain, right ankle pain, right heel pain, and right shoulder pain. Physical examination performed on 07-07-2015 revealed right ankle and right calcaneal tenderness, right knee tenderness, decreased right and left shoulder range of motion, right rotator cuff tenderness with some supraspinatus tenderness, and paracervical tenderness. Previous treatments included medications. The treatment plan included requests for a right knee brace, right knee MRI, and a consultation with a podiatrist, and recommendation for medications, which included Norco, amitriptyline for chronic pain, and Lidoderm patches. The treating physician noted that the injured worker has already been tried on a tricyclic antidepressant, amitriptyline. Work status was documented as limited duty status, and it was noted that the injured worker is currently working. The utilization review dated 08-13-2015, non-certified the request for Norco, amitriptyline, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 1PO Q4-6 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful use of opioids for chronic pain if there is meaningful pain relief, support of function (in particular return to work) and a lack of drug related aberrant behaviors. This individual meets these Guidelines criteria. There is reported pain relief and the significant standard of returning to work has been met. No drug related aberrant behaviors are documented. Under these circumstances, the Norco 10/325mg #120 1PO Q4-6 hours is supported by Guidelines and is medically necessary.

Amitriptyline 25mg #60 with 3 refills 1-2 PO QHS for chronic pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics, Antidepressants for chronic pain.

Decision rationale: MTUS Guidelines support the use of low dose Tricyclics for chronic pain disorders. Higher dosing is generally reserved for pain disorders with a primary neuropathic pain component, which this individual is not documented to have. However, the dosing recommended is considered low. Under these circumstances, the Amitriptyline 25mg #60 with 3 refills 1-2 PO QHS for chronic pain is supported by Guidelines and is medically necessary.

Lidoderm pain patches 1-3 per day #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines are very specific with the recommendation that topical lidocaine be utilized only for a clearly diagnosed neuropathic pain disorder. This diagnosis is not established to justify the use of lidoderm. There is reported to be chronic musculoskeletal pain, but its characteristics are not reported to be neuropathic and the diagnosis generally are not considered to be neuropathic in nature. The Lidoderm pain patches 1-3 per day #90 with 3 refills is not supported by Guidelines and is not medically necessary.