

Case Number:	CM15-0046881		
Date Assigned:	03/19/2015	Date of Injury:	06/09/2002
Decision Date:	04/24/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: Physical Medicine & Rehabilitation

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 66-year-old female who sustained an industrial injury on 08/09/2002. Current diagnoses include internal derangement of the knee on the right status post meniscectomy, impingement syndrome of the shoulder on the right status post decompression, discogenic lumbar condition with facet inflammation status post injection, and chronic pain syndrome. Previous treatments included medication management, knee brace, TENS unit, right knee surgery, right shoulder surgery, lumbar injection, and home exercise program. Report dated 12/10/2014 noted that the injured worker presented with complaints that included persistent neck and low back pain, right shoulder and right knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included prescriptions for Ultracet, glucosamine, Topamax, Norflex, Protonix, request for replacement of knee brace, request for low back brace and lumbar support, and H-wave unit. Issues in dispute include request for authorizations for Lidopro, Effexor, and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream #1 bottle: 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 analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 06/09/02 and presents with neck pain, low back pain, right shoulder pain, and right knee pain. The request is for LIDOPRO CREAM #1. There is no RFA provided and the patient is not currently working. The report with the request is not provided. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical cream, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended." MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient, a non-patch form, the entire compound is not recommended. Therefore, the requested LidoPro Cream IS NOT medically necessary.

Effexor XR 75 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Effexor.

Decision rationale: The patient was injured on 06/09/02 and presents with neck pain, low back pain, right shoulder pain, and right knee pain. The request is for EFFEXOR XR 75 MG #60. There is no RFA provided and the patient is not currently working. The report with the request is not provided. ODG Guidelines under the Pain chapter on Effexor states, "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine - Effexor; - is a member of the Selective serotonin and norepinephrine reuptake inhibitors." SNRIs- class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. She has tenderness across the cervical paraspinal muscles and trapezius bilaterally as well as along the lumbar paraspinal muscles. She has pain with facet loading, a slightly antalgic gait, and has crepitation with range of motion. The reason for the request is not provided nor is it known when the patient began taking Effexor. None of the reports provided mention how Effexor has impacted the patient's pain and function. Furthermore, there is no indication of the patient having any symptoms of depression, as required by ODG guidelines. The requested Effexor IS NOT medically necessary.

Trazodone 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Medications for chronic pain Page(s): 13-15, 60.

Decision rationale: The patient was injured on 06/09/02 and presents with neck pain, low back pain, right shoulder pain, and right knee pain. The request is for TRAZODONE 50 MG #60. There is no RFA provided and the patient is not currently working. The report with the request is not provided. Regarding antidepressants, MTUS Guidelines pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within few days to a week, whereas antidepressant effect takes longer to occur." Trazodone is also used for insomnia, and ODG supports it if insomnia and depression are documented. She has tenderness across the cervical paraspinal muscles and trapezius bilaterally as well as along the lumbar paraspinal muscles. She has pain with facet loading, a slightly antalgic gait, and has crepitation with range of motion. In this case, none of the reports provided indicate that the patient has depression or insomnia. MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. It is unknown when the patient began taking this medication, nor do any of the reports provided discuss this medication. There is no discussion provided regarding medication efficacy from Trazodone. Therefore, the requested Trazodone IS NOT medically necessary.