MAXIMUS Federal Services

Case Number:	CM15-0052462		
Date Assigned:	03/25/2015	Date of Injury:	06/10/1999
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 06/10/1999. She has reported right knee pain. The diagnoses have included knee sprain; and reflex sympathetic dystrophy of the lower extremity. Treatment to date has included medications, bracing, TENS (transcutaneous electrical nerve stimulation) unit, ambulatory walker, and home exercise program. Medications have included Norco, Mobic, Pamelor, Ranitidine, Lyrica, Cymbalta, and Lidoderm Patch. A progress note from the treating physician, dated 02/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening right knee pain and swelling; using walker; new brace is not very helpful; use of TENS unit is helpful; and pain medications and home exercise regimen help to reduce her pain by 50%, and increase functional improvement with daily activities by 50%. Objective findings included right knee reveals disuse atrophy in the thigh and calf, swelling, painful range of motion with crepitus; ongoing signs of allodynia to light touch; and right lower extremity is cold to touch. The treatment plan has included the request for Pamelor 10 mg #30; and for Mobic 15 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg #30 Refills: 00 for right knee pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: Pamelor is Nortryptilline. Nortryptiline is a tricyclic antidepressant. According to the MTUS guidelines, it is recommended for pain accompanied with fibromyalgia, insomnia, anxiety and depression. It is recommended for neuropathic pain. In this case, the claimant had been on Nortyptiline for several months in combination with Lyrica for neuropathic pain and had obtained good response. It's appropriate to use in those with depression as was the case with the claimant. Continued use is appropriate and medically necessary.

Mobic 15mg #30 Refills: 00 for right knee pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents Page(s): 22, 67-70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months. There was no indication of Tylenol failure. The claimant was on tricyclic medications and Norco. Although her pain reduced from 10 to 4/10 with medications, the reduction attributed to Mobic cannot be determined. Long-term NSAID use has renal and GI risks. The claimant required the use of an H2 blocker for gastric protection due to Mobic use. Continued use of Mobic is not medically necessary.