

Case Number:	CM14-0119255		
Date Assigned:	09/22/2014	Date of Injury:	06/09/2007
Decision Date:	11/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

56 yr. old female claimant sustained a work injury on 6/9/07 involving the neck, back, right arm and right knee. She was diagnosed with cervical radiculopathy, right elbow epicondylitis, wrist strain and knee derangement. She underwent a cervical spine fusion, lumbar fusion and right knee replacement. She had been on opioids and NSAIDs for 8 months to manage pain. A progress note on 5/28/14 indicated the claimant had painful range of motion of the right knee. She was to continue physical therapy and use Norco, topical Lidoderm5% and Naproxen for pain. She had been on Lexapro for as well which was requested to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial

basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for 8 months. First line treatment for osteoarthritis and mechanical pain is Tylenol. There is no indication of Prior Tylenol use or failure . The continued use of Norco is not medically necessary.

Lidoderm 5%: 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 analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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 or Lyrica). In this case, there is no documentation of failure of 1st line medications such as Tylenol. The claimant does not have the diagnoses above. The topical Lidocaine is not medically necessary.

Naproxen: Upheld

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

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

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain due to knee osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The claimant had been on Naproxen for 8 months. There is no indication for long-term use. Continued use of Naproxen is not medically necessary.

Lexapro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Mental illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and anti-depressants

Decision rationale: Lexapro is an antidepressant. In this case, there was no specific diagnosis for which Lexapro had been provided. According to the MTUS guidelines, antidepressants may be used for neuropathic pain. Recommended trial is for 4 weeks. According to the ODG guidelines, anti-depressants may be used for major depressions or PTSD. In this case, the specific diagnoses, length of treatment or amount was not noted in the use of Lexapro. The Lexapro is therefore not medically necessary.