

Case Number:	CM14-0091788		
Date Assigned:	07/25/2014	Date of Injury:	08/20/2002
Decision Date:	09/16/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 71-year old female with the date of injury of 08/20/2002. The patient presents with pain in her neck, lower back and knees bilaterally, aggravated by her activities. The patient reports having spasms, tingling or numbing sensations all over her back in the morning. The patient has frequent headaches radiating from her neck. The patient volunteers at a senior help center. The patient is currently taking Vicodin, Ibuprofen, Terocin patches, Celexa, Melatonin, Disclufenac, Protonix and LidoPro lotion. According to [REDACTED] report on 03/21/2014, diagnostic impressions are: 1) Internal derangement of the knee bilaterally status posts joint replacement on the right and arthroscopy on the left. The patient is now status post two series of Hylgan point injections to the left knee. 2) Discogenic lumbar condition with radiculitis. 3) Discogenic cervical condition with radiculitis, associated with this patient has headaches. 4) Carpal tunnel syndrome bilaterally status post decompression. 5) Cincussion. The utilization review determination being challenged is dated on 06/10/2014. [REDACTED] is the requesting provider, and he provided three treatment reports on 03/21/2014 to 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenax 100mg #30 for Anti-Inflammation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs, Medications for chronic pain Page(s): 67,68,60,61.

Decision rationale: The patient presents pain and weakness in her neck, lower back and knees. The patient is s/p multiple knee surgeries including left knee arthroscopy. The request is for Diclofenac 100mg #30 for anti-inflammation. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. There are no reports that specifically discuss the request, except the purpose of medication. There is no indication of exactly when the patient began using Diclofenac or how Diclofenac has been helpful in terms of decreased pain or functional improvement. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. However, given that the patient may have just been started on this medication, recommendation is for authorization for a trial.

Protonix 20mg #60 to treat stomach upset from taking medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents pain and weakness in her neck, lower back and knees. The patient is s/p multiple knee surgeries including left knee arthroscopy. The request is for Protonix 20mg #60 to treat stomach upset from taking medications. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; etc. In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of a PPI. Recommendation is for denial.

Lidopro lotion 4ounces for topical use for pain management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: The patient presents pain and weakness in her neck, lower back and knees. The patient is s/p multiple knee surgeries including left knee arthroscopy. The request is for Lidopro lotion 4 ounces for topical cream use for pain management. MTUS page 111 states that

lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." This patient, while there are diagnoses of pain in neck, low back and knees, there is no evidence of "localized pain that is consistent with neuropathic etiology." Furthermore, MTUS does not support lotion formulation of lidocaine for neuropathic pain. Recommendation is for denial.

Terocin patches at total of #20 for topical use for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: The patient presents pain and weakness in her neck, lower back and knees. The patient is s/p multiple knee surgeries including left knee arthroscopy. The request is for Terocin patches a total of #20 for topical use of pain. MTUS guidelines page 57 states, "topical lidocaine may be 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)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." This patient, while there are diagnoses of pain in neck, low back and knees, there is no evidence of "localized pain that is consistent with neuropathic etiology." Recommendation is for denial.