

Case Number:	CM14-0213985		
Date Assigned:	12/31/2014	Date of Injury:	08/25/2007
Decision Date:	03/03/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

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

This is a 43 year old patient with date of injury of 08/25/2007. Medical records indicate the patient is undergoing treatment for left knee internal derangement, complex region syndrome left lower extremity, gastritis, L5-S1 broad central disc protrusion, cervico-trapezius strain/sprain. Subjective complaints include pain in neck, mid-to-low back, radiating to bilateral legs, difficulty sleeping, and numbness down bilateral legs into feet and numbness in neck to bilateral arms. Objective findings include use of cane for ambulation, antalgic gait, tenderness at lower part of lumbosacral musculature on deep palpation especially L4-L5 and L5-S1; lumbar flexion 20 degrees, extension 15 degrees; straight leg raise positive bilaterally; weakness of left lower extremity in quads, hamstring, flexor and extensor of hip as well as flexor and extensor of the knee; pain with extension and flexion of left knee, swelling and tenderness noted in medial joint line of left knee as well as inferior pole of patella and lateral joint line; Lachman maneuver positive in left knee. MRI of left knee revealed free edge fraying in the body of medial meniscus, no meniscal tear; stable discoid lateral meniscus without tear; mild mucinous degeneration of the ACL, no ligament tear; no acute osseous injury; minimal chondral thinning in the medial patellar facet and lateral trochlea in the patella femoral compartment. Treatment has consisted of use of cane, home exercise program, Norco, Motrin, Prilosec, Fenoprofen, Lenza Patch and Celexa. The utilization review determination was rendered on 07/31/2014 recommending non-certification of Lenza Patch #30, Celexa 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: Lenza is a lidocaine patch. MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain 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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Lenza Patch #30 is not medically necessary.

Celexa 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16. Decision based on Non-MTUS Citation Other Guidelines: Epocrates, Celexa monograph; <https://online.epocrates.com/noFrame/showPage.do?method=drugs&MonographId=496>

Decision rationale: Celexa (citalopram) is a selective serotonin reuptake inhibitor (SSRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS states "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the

efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%)...Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation". MTUS additionally states concerning SSRIs and pain "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." The treating physician has indicated this patient has been prescribed Celexa for treatment of neuropathic pain. Guidelines recommend against the use of SSRIs for treatment of neuropathic pain. The treating physician has not provided documentation to support the usage of this medication or documentation of a decrease in symptoms. As such, the request for Celexa 20mg #30 is not medically necessary.