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| Case Number: | CM15-0009189 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 05/06/2011 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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 56 year old female who suffered a work related injury on 05/06/11. Per the physician notes from 12/19/14, she complains of bilateral elbow and wrist pain. The treatment plan consists of Lidoderm patches, Wellbutrin, amitriptyline, and omeprazole. On 01/12/15, the Claims Administrator non-certified the Lidoderm and amitriptyline, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #30 with 1 refill: 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 lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The patient was injured on 05/06/11 and presents with bilateral elbow pain and bilateral wrist pain. The request is for LIDODERM PATCH 5%, #30 WITH 1 REFILL. The RFA is dated 01/06/15 and the patient is permanent and stationary. She has been using these patches as early as 07/02/14. 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 (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. The treater does not indicate where these patches are applied to or if the patient presents with neuropathic condition that is localized. Both elbows have positive Tinel's, both wrists have a decreased range of motion, and tenderness to palpation is noted over dorsal wrist. The 07/02/14 report states that Lidoderm patches report "100% pain relief for 8 hours." The 08/25/14 report indicates that "with the Wellbutrin and Lidoderm, her pain is very well controlled, and she is virtually symptom free." In this case, the treater does not document any peripheral pain that is neuropathic and localized, as required by MTUS guidelines. It would appear that the patches are being used for the patient's musculoskeletal pain condition and not neuropathic pain. Therefore, the requested Lidoderm patches IS NOT medically necessary.

Amitriptyline HCL 10mg, #60 with one refill: Overturned

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

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

Decision rationale: The patient was injured on 05/06/11 and presents with bilateral elbow pain and bilateral wrist pain. The request is for AMITRIPTYLINE HCL 10 MG, #60 WITH 1 REFILL. The utilization review denial rationale is that "there is no evidence of objective functional benefit with prior use of medication." The RFA is dated 01/06/15 and the patient is permanent and stationary. She has been taking Amitriptyline as early as 11/14/14. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Both elbows have positive Tinel's, both wrists have a decreased range of motion, and tenderness to palpation is noted over dorsal wrist. The patient began her trial of Amitriptyline on 11/14/14. The 12/19/14 report states that the patient has "had a successful trial of Amitriptyline 10mg 1-2 PO QHS for neuropathic pain." The patient is receiving benefit from this medication. Therefore, the requested Amitriptyline IS medically necessary.

