

Case Number:	CM15-0013328		
Date Assigned:	01/30/2015	Date of Injury:	05/05/2006
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on May 5, 2006. She has reported injury to her left knee while lifting a large dog. As a result of the left knee injury and the delay in treatment, notes stated that she injured her right knee and low back. The diagnoses have included lumbar degenerative disc disease, lumbar compression fracture and bilateral knee pain. Treatment to date has included surgery, knee brace, back brace, interferential stimulator, medications and TENS unit. Currently, the injured worker complains of low back pain located in the midline of the lower lumbar spine. It occasionally radiates down the posterior aspect of both of her lower extremities to her feet. Her back pain is now constant in duration. The pain is described as dull, throbbing and aching. On January 8, 2015, Utilization Review non-certified Cymbalta 30mg #30 refills 1 (non-approved quantity one), Lidoderm Patch #90 refills 1 (non-approved quantity two), Methadone 10mg #90 (non-approved quantity one) and Neurontin 300mg #120 refills 1(non-approved quantity two), noting the MTUS Guidelines. On January 23, 2015, the injured worker submitted an application for Independent Medical Review for review of Cymbalta 30mg #30 refills 1, Lidoderm Patch #90 refills 1, Methadone 10mg #90 and Neurontin 300mg #120 refills 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurotontin 300mg #120 Refills: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs, Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): p16-18.

Decision rationale: The claimant is more than 8 years status post work related injury and continues to be treated for chronic right knee and low back pain with occasional radiation to the feet. Medications include methadone 30 mg/day and Neurontin 1200 mg per day. Neurontin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's Neurontin dosing is consistent with recommended guidelines and therefore medically necessary.

Cymbalta 30mg #30 Refills: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44 Page(s): 43-44.

Decision rationale: The claimant is more than 8 years status post work related injury and continues to be treated for chronic right knee and low back pain with occasional radiation to the feet. Medications include Cymbalta 30 mg per day. In terms of Cymbalta (duloxetine), it can be recommended as an option in firstline treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore medically necessary.

Lidoderm patch #90 Refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-67, 111-1.

Decision rationale: The claimant is more than 8 years status post work related injury and continues to be treated for chronic right knee and low back pain with occasional radiation to the feet. Medications include Lidoderm. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 8 years status post work related injury and continues to be treated for chronic right knee and low back pain with occasional radiation to the feet. Medications include methadone 30 mg/day at an MED (morphine equivalent dose) of 240 mg/day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.