

Case Number:	CM15-0114752		
Date Assigned:	06/23/2015	Date of Injury:	07/23/2014
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 46 year old female who sustained a work related injury on 7/23/14. She was lifting a patient back to bed with a coworker when she began to feel pain in her neck, bilateral shoulders, upper and lower back. The diagnoses have included cervical sprain, trapezius strain and lumbar strain. Treatments have included application of ice, oral medications, Lidoderm patches, Medrox ointment, modified work duty, physical therapy and home exercises. Nortriptyline was prescribed since September of 2014. Lidoderm patches and medrox ointment were prescribed in December of 2014. At a visit in January of 2015, the injured worker stated that Naprosyn and nortriptyline had not decreased much of her pain. The physician noted that there was no improvement in pain complaints and that nortriptyline at higher doses has not helped her. In the PR-2 dated 5/11/15, the injured worker complains of persistent neck, trapezius and low back pain. She has near full range of motion in her neck. She has tenderness at lumbosacral junction. She has decreased range of motion in low back. The treatment plan includes awaiting authorization for a functional restoration program and for refills of medications. Work status included restrictions which were unchanged since September 2014; return to work was not documented. On 6/5/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. This injured worker has been prescribed nortriptyline for at least eight months. She has stated that the Nortriptyline has not helped to decrease her pain. She last reports a pain level of 9/10 and the pain level is not noted in the most recent progress note. In the last progress note dated 5/11/15, it is stated the "since the last exam, this patient's condition has not improved significantly." There was no documentation of functional improvement as a result of use of nortriptyline. Work restrictions have not decreased and the documentation suggests that the injured worker has not returned to work. There was no documentation of improvement in activities of daily living, and office visits have continued at the same frequency. A psychological assessment was not submitted. Due to lack of functional improvement, the request for nortriptyline is not medically necessary.

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm, Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The MTUS guidelines describe Lidoderm patches as a form of topical Lidocaine. It is recommended for localized peripheral pain after there has been a trial of first line therapy of a tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an antiepileptic drug (AED) such as gabapentin or Lyrica. It is recommended as a second line treatment of peripheral and localized neuropathic pain. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation of localized peripheral neuropathic pain. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. Lidoderm has been prescribed for five months. There is no supporting documentation that the Lidoderm patches are effective in decreasing her pain. There was no documentation of functional improvement as a result of use of Lidoderm. Work restrictions have not decreased and the documentation suggests that the injured worker has not returned to work. There was no

documentation of improvement in activities of daily living, and office visits have continued at the same frequency. The site of application and directions for use were not specified. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of documentation of neuropathic pain, insufficiently specific prescription, and lack of functional improvement, the request for Lidoderm patches is not medically necessary.

Medrox ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical salicylate Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Medrox contains menthol, methyl salicylate, and capsaicin. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. Medrox has been prescribed for this injured worker for five months. There is no documented decrease in pain or improvement in functional capacity with the use of this product. Work restrictions have not decreased and the documentation suggests that the injured worker has not returned to work. There was no documentation of improvement in activities of daily living, and office visits have continued at the same frequency. The site of application and directions for use were not specified. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to insufficiently specific prescription, lack of documentation of failure of first line agents, and lack of functional improvement, the request for medrox is not medically necessary.