

Case Number:	CM15-0115767		
Date Assigned:	06/24/2015	Date of Injury:	05/03/2013
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female who sustained an industrial injury on 05/03/2013. Current diagnoses include left elbow sprain/strain, lumbosacral sprain/strain, internal derangement right knee, and status post arthroscopy right knee. Previous treatments included medications, Toradol injection, physical therapy, acupuncture, and right knee arthroscopy on 06/27/2014. Previous diagnostic studies include urine drug screenings. Initial injuries occurred to the right knee when she tripped over a branch and fell. Report dated 04/29/2015 noted that the injured worker presented with complaints that included pain in the right knee, left elbow and lumbar spine. Pain level was not included. Physical examination was positive for tenderness, healed scars in the right knee, tenderness, spasms, and decreased range of motion of the lumbar spine, and tenderness in the left elbow. The treatment plan included continuing with physical therapy and medications, and request for a urine drug screen. Disputed treatments include Cymbalta and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg , no refill #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain, Cymbalta (duloxetine), Medications for Chronic pain, SNRI's (serotonin norepinephrine reuptake inhibitors) Page(s): 13, 42, 60, and 105.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Cymbalta (duloxetine). It is recommended for an option in first-line treatment option in neuropathic pain. It is FDA approved for the treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The documentation submitted did not support that the injured worker has complaints associated with neuropathic pain. Physical examination provided did not reveal any abnormalities that supported the diagnosis of neuropathic pain. Therefore, the request for Cymbalta 60 mg, no refill, #30 is not medically necessary.

Lidoderm patches 5%, no refill #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57 and 111-112.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. Guidelines recommend the use of topical lidocaine 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The documentation submitted does not provide a detailed evaluation of the use of any first-line therapy medications referenced above, also the documentation provided did not support a diagnosis of neuropathic pain or post-herpetic neuralgia. Therefore, the request for Lidoderm patches 5%, no refill, #90 is not medically necessary.