

Case Number:	CM15-0117403		
Date Assigned:	06/25/2015	Date of Injury:	02/26/2011
Decision Date:	08/19/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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, 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 33 year old female, who sustained an industrial injury on 2/26/11. She reported pain in her right knee. The injured worker was diagnosed as having right knee pain, low back pain and spasm of muscle. Treatment to date has included physical therapy, right knee arthroscopic surgery in 6/2013, a steroid injection on 6/26/13 and a right knee MRI. On 3/19/14, the injured worker re-injured her right knee. Current medications include Norflex, Vicodin, Ibuprofen and Lidoderm, Norco, Cymbalta and Flexeril since at least 1/5/15. On 3/30/15, the treating physician noted right knee range of motion restricted with flexion to 100 degrees and extension normal. There is also mild effusion in the right knee joint. As of the PR2 dated 5/28/15, the injured worker reports right knee pain. She rates her pain a 5/10 with medications and a 10/10 without medications. The treating physician requested Norco 10/325mg #45, Lidoderm 5% patch #30, Cymbalta 30mg #30 and Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress notes from early 2015 onward. The patient's functional improvements were mostly in ADL-related activities, but the MTUS definition of functional improvement does include this. Urine drug test and CURES report checking were evident in March 2015. Given these factors, this request is medically necessary.

Lidoderm 5% patch #30: 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): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. Instead, this patient appears to have musculoskeletal pain affecting the lumbar spine and right knee, which is not an approved indication for Lidoderm per FDA indications. As such, the currently requested Lidoderm is not medically necessary.

Cymbalta 30mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Cymbalta alongside other medication is providing pain relief and functional benefit, especially with regard to ADLs. The patient is noted to be able to lift 20 lbs and walk 10 blocks with the use of the medication combination. Additionally, Cymbalta has a new FDA indication for chronic musculoskeletal pain, and thus is medically necessary in this case.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Pain Procedure Summary, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine and other muscle relaxants are specifically recommended for a short course of therapy. Within the documentation available for review, it does not appear that muscle relaxants have been prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Instead, the patient has been on some muscle relaxant (whether it be Norflex or Flexeril) for several months. Given this, the current request is not medically necessary.