

Case Number:	CM15-0125637		
Date Assigned:	07/10/2015	Date of Injury:	05/12/2002
Decision Date:	08/19/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 67 year old female with an industrial injury dated 05/12/2002. The injured worker's diagnoses include right patellar tendinosis with chondromalacia, right medial cruciate ligament (MCL)/anterior cruciate ligament (ACL), left ankle sprain, and cervical facet arthralgia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/01/2015, the injured worker reported pain in the right knee, left ankle and neck with referral into the suprascapular region. Documentation noted that the injured worker attempted Butrans 50mcg but it caused skin irritation. The injured worker reported that her skin appeared to be reactive with most topicals. In a progress note dated 05/29/2015, the injured worker reported that pain decreased to a 3/10 in severity. The injured worker also reported that Butrans decreases neck, back, ankle and knee pain. She reported that the Butran 15mcg is more effective than 10mcg but it results in a skin rash. Objective findings revealed tenderness, edema, crepitus, and patellar compression in the right knee. Cervical spine revealed slight to moderate tenderness with palpitation, right more than left C6-7 level. The treating physician prescribed Amitriptyline 25mg #60, Butrans 10mcg #4, Lidoderm 5% patch #90, and Benadryl cream 1% #30, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14, 15.

Decision rationale: MTUS Guidelines strongly support at least a trial of tricyclic antidepressants for chronic musculoskeletal pain. It is clearly documented that this individual has chronic insomnia associated with her pain syndrome and the choice of a tricyclic may be beneficial for pain and insomnia symptoms. The Amitriptyline 25mg #60 is supported by Guidelines and is medically necessary.

Butrans 10mcg #4: 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): 78-80.

Decision rationale: MTUS Guidelines support the use of opioids if there is meaningful pain relief, functional support (unless there are extenuating circumstances) and a lack of drug related aberrant behaviors. It is clearly documented by the prescribing physician that this individual reports a 50% improvement in pain levels with use of Butrans and the recent QME evaluator also reported meaningful pain relief. Details of functional improvements are scarce, but due to this individual's age and the wide spread problems (neck, low back, knee, wrists and shoulders) a significant change in function is may not be realistic and this meets the Guideline extenuating circumstances. Under these conditions, the Butrans 10mcg #4 is supported by Guidelines and is medically necessary.

Lidoderm 5% patch #90: 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 Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines do not support the use of topical lidocaine for spinal pain. On differing evaluations the prescribing physician states that the patches helps various areas of pain which include the cervical spine, low back and knee. Use of lidocaine for the diagnosis(s) associated with these areas is not supported by Guidelines and there are no unusual circumstances such as diminished need for other medications that would justify an exception to Guidelines. There may be a significant placebo effect associated with any topical application, but under these particular circumstances the Lidoderm 5% patch #90 is not supported by Guidelines and is not medically necessary.

Benadryl cream 1% #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/benadryl-cream.html>.

Decision rationale: MTUS Guidelines are silent on this particular issue. Benadryl cream is an over the counter topical agent that often utilized for skin irritation/sensitivity. It is clearly documented that this individual experiences skin irritation from the Butrans patch and it is reasonable to assume that this is the rationale for the Benadryl cream. The Benadryl cream 1% #30 as an over the counter product is medically necessary.