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| Case Number: | CM15-0167142 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 11/05/1991 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 11-5-91. Medical records indicate that the injured worker is undergoing treatment for unspecified internal derangement of the knee, lumbosacral spine spondylosis without myelopathy, lumbar spine radiculopathy, chronic knee pain and complex regional pain syndrome of the lower extremity. The injured worker is currently not working. On (7-20-15, 6-19-15 and 5-18-15) the injured worker complained of constant left leg pain. The pain was described as shooting and throbbing. The pain on average was 8 out of 10 on the visual analog scale. The pain was worse with bending and better with medications. Examination of the left knee revealed tenderness over the medial and lateral joint line and patellofemoral tenderness. An apprehension test was positive. The injured worker was noted to not be able to walk more that 10-15 minutes due to the severe damage in the left knee and pain. There are no complaints regarding sleep or insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. Treatment and evaluation to date has included medications, urine drug screen, knee brace, a home exercise program, knee surgery times six and knee replacement surgery times two. Then injured worker is unable to tolerate non-steroidal anti-inflammatory drugs due to a history of a gastric ulcer. A urine drug screen performed on 6-19-15 was noted to be consistent. Current medications include Cymbalta (since at least May of 2015), methadone, pantoprazole, Trazadone (since at least May of 2015), Baclofen, docusate sodium, Gralise, lorazepam, Butrans and LidoPro (since at least May of 2015). The current treatment requests include Duloxetine 30mg DR #60, Lidopro Ointment 4%, 27.5%, .0325% #2 tubes and Trazadone 50mg 2 tabs as needed at night times 30 days #60. The Utilization Review documentation dated 7-28-15 non-certified the requests for Duloxetine 30mg DR #60, Lidopro Ointment 4%, 27.5%, .0325% #2 tubes and Trazadone 50mg 2 tabs as needed at night times 30 days #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg DR 2 caps q night x 30 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. For depression, anxiety, or post-traumatic syndrome disorder (PTSD), SSRIs are considered first line therapy. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and/or pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI), specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker it was stated in the notes that duloxetine was prescribed to help improve the chronic neuropathic pain. However, there was only limited information found in the notes regarding how effective it was at doing this. There was only statements of the worker being dependent on this medication, but no specific report of functional gains and symptom level reduction to warrant continued use of this medication. Therefore, without ongoing documentation of measurable benefit, this request for duloxetine will not be considered medically necessary at this time.

Lidopro Ointment 4%, 27.5%, .0325% PRN as directed #2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

Decision rationale: LidoPro ointment is a topical analgesic, which included the active ingredients lidocaine, capsaicin, menthol, and methyl salicylate. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. The MTUS Chronic Pain Guidelines also state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, LidoPro ointment was prescribed and used for the purpose of helping to reduce methadone use. A methadone use reduction was noted as being achieved with its use, however, this was not recorded in measurable levels. Also, although gabapentin was used regularly, there was comments by the provider found in the notes which states that gabapentin was not effective at improving the neuropathic symptoms. This suggested that lidocaine was warranted, however, it is not clear as to why then the gabapentin was continued if it was ineffective. If gabapentin was effective, then lidocaine would not be justified. Regardless, this formulation of lidocaine, which includes capsaicin, methyl salicylate, and menthol, is not FDA approved and isolated lidocaine patches would be more appropriate. Therefore, this request for Lidopro ointment will not be considered medically necessary.

Trazadone 50mg 2 tabs q night PRN x 30 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, Trazadone.

Decision rationale: The MTUS is silent in regards to trazodone use. The ODG, however, states that is recommended as an option to treat insomnia, but only for patients with potentially coexisting mild psychiatric symptoms, such as depression or anxiety. Other therapies should be recommended before considering trazodone, especially if the insomnia is not accompanied by depression or recurrent treatment failure. In the case of this worker, there was report of trazodone use at night to help with sleep, however, there was no record found of what other first-line therapies/strategies were being used prior to a trial of trazodone. Also, there was a report found in the notes which stated that trazodone was not effective. Therefore, for these reasons, this request for continued trazodone will not be considered medically necessary at this time.