

Case Number:	CM15-0031361		
Date Assigned:	04/24/2015	Date of Injury:	03/27/2013
Decision Date:	05/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/19/2015

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: Massachusetts

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 3/27/13. She reported low back and knee pain that radiated to the foot with numbness. Shooting pain to the buttocks was also noted. The injured worker was diagnosed as having lumbar disc syndrome and radiculitis/neuropathy. Treatment to date has included medications and physical therapy that was noted to be beneficial. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Elavil 50mg #30 and Lidoderm patches 5% #30. The treatment plan included chiropractic-physical rehabilitation and an electromyogram/nerve conduction velocity study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 50mg #30: Overturned

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, p13-15 Page(s): 13-15.

Decision rationale: The claimant sustained a work injury more than two years ago and continues to be treated for chronic low back pain. An MRI of the lumbar spine included findings of L4-5 mild to moderate foraminal narrowing. When seen, she was having back pain radiating into the left leg. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. The starting dose for Elavil (amitriptyline) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. In this case, the requested dosing is within guideline recommendations and therefore IS medically necessary.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury more than two years ago and continues to be treated for chronic low back pain. An MRI of the lumbar spine included findings of L4-5 mild to moderate foraminal narrowing. When seen, she was having back pain radiating into the left leg. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm IS NOT medically necessary.