

Case Number:	CM15-0068270		
Date Assigned:	04/21/2015	Date of Injury:	04/18/2000
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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, North Carolina
 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 44 year old male who sustained an industrial injury on 4/18/00. The diagnoses have included sprain/strain to shoulder and upper arm and joint pain of shoulder. Treatment to date has included medications, pain management and conservative care. The current medications included Norco, Amitriptyline, and Lidoderm patch, Lunesta, Naproxen, Zantac, Flexeril and Norco. Currently, as per the physician progress note dated 2/26/15, the injured worker complains of right shoulder pain that has been managed with medications. He rates the pain 10/10 on pain scale with the least pain being 7/10 which has increased since the last visit. Physical exam revealed that he ambulates with use of a cane. There was tenderness in the right shoulder on palpation and the range of motion was slightly limited. The urine drug screen was consistent with medications prescribed. The physician recommended for him to continue with medications. The physician requested treatments included Lidoderm 5% (700mg/patch) x 1 refill, Amitriptyline 25mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) #30 - 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. The documentation submitted does not clearly indicate that the claimant has neuropathic pain symptoms, nor is there evidence that first and second-line analgesics have been tried and failed. Therefore, the request for Lidoderm patches is deemed not medically necessary.

Amitriptyline 25mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: In regard to the request for amitriptyline, a tricyclic antidepressant, the MTUS recommends antidepressants for chronic pain, stating, "Recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain." In non-neuropathic pain it is, recommended as an option in depressed patients but effectiveness is limited. This patient's records do not demonstrate problems with depression, therefore the request is deemed not medically necessary.