

Case Number:	CM15-0072913		
Date Assigned:	04/23/2015	Date of Injury:	02/13/2013
Decision Date:	06/25/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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 55 year old male, who sustained an industrial injury on 2/13/13. The injured worker has complaints of right knee pain. The diagnoses have included medial meniscus tear, right; pain in joint, lower leg and sprains and strains of unspecified site of knee and leg. Treatment to date has included steroid injection; physical therapy; magnetic resonance imaging (MRI); naproxen and tramadol. The request was for cymbalta; nabumetone; lidocaine patch and nizatidine. Documentation states the medications help, but there is still inadequate pain relief. Increased tramadol and cymbalta dosing was recommended. The latest narrative states that he has had surgery with good results. The only medication post surgery is Tramadol 3 per day and the plan is to slowly discontinue its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg Qty 60 (4 refills): 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 for chronic pain Page(s): 14-16.

Decision rationale: MTUS Guidelines supports the use of antidepressants for chronic pain, particularly if there is a neuropathic component to the pain. However, there is no documentation that the Cymbalta has provided meaningful pain relief and side effects are noted from its use. A few weeks after this prescription with 4 refills it is documented that the patient had surgery and was not utilizing the Cymbalta. Under these circumstances, the Cymbalta 60mg QTY 60 with 4 refills is not supported by Guidelines and is not medically necessary.

Nabumetone 750 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: MTUS Guidelines supports the careful use of NSAID medications for inflammatory conditions, which this individual has. The Nabumetone is documented to have provided some pain relief and it was renewed a few weeks prior to his surgery. It is documented that he has discontinued its use after the surgery. Under these circumstances, this limited prescription of Nabumetone 750mg. #60 was supported by Guidelines and is medically necessary.

Lidocaine Patch 4% Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Anti-epilepsy drugs Page(s): 111-113; 16-19.

Decision rationale: MTUS Guidelines support the use of topical lidocaine (lidoderm 5%) if there is localized neuropathic pain and there has been a trial and failure of first line drugs for neuropathic pain. The Lidocaine Patch 4% does not meet Guideline criteria. It is not the correct formulation as recommended by Guidelines (Lidoderm 5%) and there has been no trial of 1st line drugs for neuropathic pain (anti-epilepsy drugs). Under these circumstances, the Lidocaine Patch 4% QTY 10 is not supported by Guidelines and is not medically necessary.

Nizatidine 150 mg Qty 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (http://www.accessdata.fda.gov/drugsatfda_docs/label/2005/21494s0011b1.pdf).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines supports the use of stomach acid reducers if there are risk factors associated with NSAID use or there are G I symptoms associated with medication use. There is a history of GI symptoms thought to be associated with Cymbalta use. This was prescribed a few weeks before surgery and soon after surgery it is documented that the Cymbalta was no longer being utilized. Long term use of the Nizatidine does not appear medically reasonable, however, the trial and short term prescription for Nizatidine 150mg #60 was supported by Guidelines and medically reasonable at the time of the prescription.