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| Case Number: | CM13-0020599 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 02/20/2008 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old, female who sustained a cumulative trauma injury to her left knee on 02/20/08. She currently carries the diagnoses of degenerative joint disease in the left knee with chondromalacia patella, degenerative disc disease of the lumbar spine, two psychiatric diagnoses, pain disorder associated both psychological factors and an orthopedic condition; and, adjustment disorder with mixed anxious and depressed mood. The patient is currently taking Cymbalta 30 mg, one tablet at bedtime for approximately 1 year; Omeprazole 20 mg, two tablets daily for unknown duration; Norco 5/325 up to 4 times per day; and Naproxen 550 mg, two tablets daily. It is unclear precisely how long the patient has been taking Naprosyn and Norco, but the records mention both medications as far back as April of 2011. The patient mentioned to her psychologist, [REDACTED], that she does find the Cymbalta beneficial and that the other medications make her pain tolerable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Cream: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105.

Decision rationale: Dendracin Cream is a topical analgesic with the active ingredients, methyl salicylate 30%, capsaicin 0.0375%, and menthol USP 10% used for the temporary relief of mild pain due to muscular strain, arthritis, and simple back pain. The Chronic Pain Medical Treatment Guidelines state topical salicylate (e.g., Ben-Gay, methyl salicylate) is recommended. It is significantly better than placebo in chronic pain. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Dendracin Cream is medically necessary.

1 month supply of Cymbalta: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14, 105.

Decision rationale: Cymbalta is recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The patient's diagnosis of depression is well documented in the medical record and is apparently an accepted part of the claim. Cymbalta is medically necessary.

30 Tablets of Norco 5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The patient has been taking opioids for at least 3-1/2 years. There is no documentation supporting the continued long-term use of opioids. Norco is not medically necessary.

One month supply of Naproxen 500mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS guidelines.

Decision rationale: The patient suffers from degenerative joint disease in the left knee. There is documentation in the medical record that the Naprosyn has been helpful in alleviating her pain on a long-term basis. The MTUS guidelines recommend NSAIDs be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. The prior UR decision for non-certification of naproxen 500 is reversed.

