

Case Number:	CM13-0050231		
Date Assigned:	12/27/2013	Date of Injury:	11/06/2009
Decision Date:	06/03/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/11/2013

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. The expert reviewer is Board Certified in Anesthesiology, 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 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/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 an employee of the [REDACTED] and has submitted a claim for low back , right hip, and right knee pain associated with an industrial injury date of November 6, 2009. Treatment to date has included a right total hip replacement (August 26, 2010), right knee scope/partial meniscectomy (January 12, 2010), chiropractic treatment, home exercise program, TENS, knee brace, and medications which include Hydrocodone/APAP, and Lidoderm Patch. Medical records from 2013 were reviewed, the latest of which dated September 26, 2013 revealed that there were changes in symptoms at the back, right hip and right knee. Intake of medications managed the pain well. She was able to continue modified duty. She denies adverse effects. Physical examination showed tenderness and muscle guarding at the paralumbar muscles. There was mild crepitation at the right knee with tenderness at the medial joint line. Range of motion was decreased at the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LORTAB 10MG #60([REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: Page 78 of the MTUS Chronic Pain Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, Hydrocodone/APAP was prescribed since March 2013. However, there was no evidence of analgesia and functional improvement with the medication. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF LIDODERM PATCHES #30 ([REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57, 111-113.

Decision rationale: Pages 56-57 of the MTUS Chronic Pain Guidelines states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (TCA or SNRI antidepressants or an AED such as Gabapentin or Lyrica). This medication is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, Lidoderm was prescribed since September 2013. It is unknown if the patient has failed antidepressant medication in the past necessitating prescription for Lidoderm due to lack of documentation. Furthermore, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Therefore, the request is not medically necessary and appropriate.