

Case Number:	CM13-0052201		
Date Assigned:	12/27/2013	Date of Injury:	04/08/2002
Decision Date:	04/01/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/15/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 45-year-old male who was injured on April 8, 2002. The patient continued to experience right hip pain. The patient underwent arthroscopic surgery to the right hip on July 8, 2013. Physical examination was notable for tenderness in the right inguinal region, right trochanter and right sacroiliac region. The diagnoses included chronic lumbosacral myofascial pain, chronic thoracic myofascial pain, chronic, cervical myofascial pain, chronic left knee patellofemoral pain, and chronic degenerative joint disease of the left knee. The treatment included prescription medications, physical therapy, open reduction and internal fixation to the right femur, and activity modification. The requests for authorization for Vicodin 5/500 #120 and Lidoderm patches #90 with 3 refills were submitted for consideration on September 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Vicodin is a compound medication containing the narcotic hydrocodone and acetaminophen. The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. The criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs (nonsteroidal anti-inflammatory drugs) have failed. In this case, the patient had been treated with Vicodin since at least September 2012 with pain rated at 7/10. The patient had not obtained analgesia. In addition there is no documentation of a signed opioid contract or urine drug testing. The criteria are not met for long-term opioid use. Thus, the medication is not authorized.

Lidoderm patches, #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm.

Decision rationale: According to the guidelines, Lidoderm is the brand name for a lidocaine patch. Topical Lidocaine is recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy, such as tricyclic antidepressant, SNRI (Serotonin-norepinephrine reuptake inhibitors) antidepressant or antiepileptic medication. Topical Lidocaine is not recommended for non-neuropathic pain. The criteria for use of lidoderm patches are follows: - Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. - There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED (antiepileptic drug) such as gabapentin or Lyrica). - This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. - An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to One recognized method of testing is the use of the Neuropathic Pain Scale. - The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). - A Trial of patch treatment is recommended for a short-term period (no more than four weeks). - It is generally recommended that no other medication changes be made during the trial period. - Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. - Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case, the patient had been using Lidoderm patches since at least September 2012. There is no documentation that the patient is experiencing neuropathic pain. There is no documentation that the patient is achieving pain

relief. The pain outcomes were not measured. There is little improvement. Therefore the Lidoderm patches should be discontinued. The medical efficacy has not been established.