

Case Number:	CM13-0054099		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2009
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation 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:

This is a male patient with a date of injury of July 15, 2009. A utilization review determination dated October 31, 2013 recommends noncertification of Medipatch with lidocaine patch. A progress report dated November 21, 2013 identifies a subjective complaint of significant bilateral knee pain; morphine helps but does not last 12 hours. The note indicates the patient is having trouble sleeping more than 2 hours at a time. The note indicates that the patient's pain is 9/10 without medication, and that Dilaudid reduces the patient's pain by 50% for a couple hours. Objective examination findings include swelling in the left anterior knee; range of motion is 70% of normal. Diagnoses include bilateral knee pain, internal derangement bilaterally, osteoarthritis of the knees, long-term use of medication, and therapeutic drug monitoring. The treatment plan indicates that Butrans was stopped, and recommends a refill of Dilaudid, increase of morphine sulfate, continuing Celebrex, discontinuing Mediderm cream, continuing Mediderm with lidocaine, start BioniCare knee system, continue omeprazole, start Ketoprofen cream, and start medication for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIPATCH WITH LIDOCAINE PATCH, 12 HRS ON 12 HRS OFF FOR NIGHT USE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 112-113.

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

Decision rationale: Regarding the request for Medipatch with Lidocaine, Medipatch with Lidocaine is a combination of methyl salicylate, menthol, lidocaine and capsaicin. The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of a topical nonsteroidal anti-inflammatory, the MTUS Chronic Pain Guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, nor with the diminishing effect over another two-week period. Regarding use of capsaicin, the MTUS Chronic Pain Guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, the MTUS Chronic Pain Guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more MTUS Chronic Pain Guidelines' support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medipatch with Lidocaine is not medically necessary and appropriate.