MAXIMUS Federal Services

Case Number:	CM13-0054841		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2012
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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 and 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 38-year-old gentleman with a date of injury of 2/28/12. Mechanism of injury was a twisting of the right knee and ankle while washing a car. The patient felt a pop, and was unable to walk. He has a history significant for right knee arthroscopy with plica excision prior to this date of injury. The patient has had extensive conservative care, including PT, bracing and medications. Medications have been somewhat helpful, and have included Voltaren, Norco and Lidoderm patches. Working diagnoses have included chronic right knee pain with chondromalacia, chronic right ankle sprain, and slight right shoulder sprain. The patient has remained on modified duty at work. None of the submitted reports discuss chronic opioid monitoring via UDS or CURES. There is no discussion of a pain contract. The patient does not have neuropathic pain. The patient returned in follow-up on 9/17/13, stating that medications are not working as well. A study is referenced with regards to use of Lidocaine patch for osteoarthritis. The number of patients in the study are not discussed, the study was not randomized or blinded. The conclusion was that this may be of benefit for 2 weeks of treatment. The request for additional Norco and Lidoderm were submitted to utilization review on 10/22/13. There was no indication for ongoing Norco use, but the UR physician recommended a modified amount of #60 to facilitate weaning of the medication. As the patient did not have neuropathic pain, Lidoderm was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. If chronic use is to be done there should be monitoring via UDS and a pain contract. It does not appear that this patient is monitored via UDS or that a pain contract is in place. None of the submitted reports reflect intention to wean this medication. The continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. There was no medical necessity for Norco 5/325 mg #120.

Lidoderm lidocaine patches #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, , 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

Decision rationale: Guidelines support use of Lidoderm in patients with neuropathic pain with persistent symptoms despite a first line agent for neuropathic pain trial does not resolve or sufficiently relieve neuropathic symptoms. It is not recommended for non-neuropathic pain. This patient does not have neuropathic pain, and medical necessity for Lidoderm is not established. The doctor does submit a study on use of Lidoderm for osteoarthritis, but it is not randomized or blinded. The number of participants is not discussed. The conclusion is that this may be an appropriate medication for 2 weeks of use. This study abstract does not provide a preponderance of scientific evidence that refutes the clearly established and evidence supported recommendation of Lidoderm only for neuropathic pain. Lidoderm patches are not medically necessary.