

Case Number:	CM13-0060749		
Date Assigned:	03/03/2014	Date of Injury:	08/11/2010
Decision Date:	05/08/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery, 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 34-year-old male sustained a direct trauma left knee injury on 7/21/09. A left knee arthroscopy with partial lateral meniscectomy, medial compartment chondroplasties, and tri-compartmental synovectomies was performed on 11/17/10. The patient subsequently underwent a second left knee arthroscopy on 1/17/13 due to persistent pain. The 9/30/13 left knee MRI impression documented patellofemoral and medial tibiofemoral compartment osteoarthritis with high-grade partial thickness to full-thickness cartilage loss. Documentation suggests that the patient is also status post right knee arthroscopy with microfracture of the medial femoral condyle, but the date of surgery is not provided. The patient has been prescribed Naproxen since 3/25/13 and Norco since 9/25/13. The 10/18/13 treating physician report cited moderate left knee pain aggravated by bending, climbing, stair climbing, walking, and standing. Nocturnal pain and difficulty sleeping was reported. Pain was relieved with ice, pain medications, and rest. Objective findings documented decreased mobility, crepitus with left knee range of motion, joint instability, tenderness, and normal bilateral lower extremity strength. The treatment plan included Lidocaine patch, Naproxen, Norco, and activity modification. The 11/6/13 utilization review recommended non-certification of Lidocaine patches and partial certification of a one month supply for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), TOPICAL ANALGESICS Page(s): 67-73; 111-112.

Decision rationale: Under consideration is a request for Lidocaine patches. Lidocaine patches are recommended for neuropathic pain after evidence of a trial of first-line therapy; Lidocaine patches are not recommended for non-neuropathic pain. Guideline criteria have not been met for the use of Lidocaine patches. Failure of "first-line therapy" has not been documented. There is no documentation that this patient has neuropathic pain. Therefore, this request for Lidocaine patch is not medically necessary.

NAPROXEN 550 MG X ONE -MONTH SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 67-73.

Decision rationale: Under consideration is a retrospective request for Naproxen 550 mg for one month supply. The California MTUS guidelines recommend the use of NSAIDs, like Naproxen, for the treatment of pain associated with osteoarthritis of the knee. Guideline criteria are met for the use of Naproxen given the documented findings of osteoarthritis and benefit noted with medication use. The 11/6/13 utilization review decision partially certified a one month supply of Naproxen as the amount of medication being requested was not specified. There is no compelling reason to support the medical necessity of additional medication beyond the quantity certified, as short-term utilization only (of NSAIDS) is noted in Guidelines. Therefore the request for and Naproxen 550 mg for one month supply is not medically necessary.