

Case Number:	CM13-0064659		
Date Assigned:	01/03/2014	Date of Injury:	05/02/2001
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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 applicant is represented [REDACTED] employee who has filed a claim for chronic knee pain and chronic pain syndrome reportedly associated with cumulative trauma from repetitive kneeling first claimed on May 22, 2001. Thus far, the applicant has been treated with the following: Analgesic medications, including long and short-acting opioids; muscle relaxants; transfer of care to and from various providers in various specialties; HELP functional restoration program; and Lidoderm patches. Multiple functional restoration program notes of March 11, 2013 and June 14, 2013 are notable for comments that the applicant has had issues with opioid dependence and overuse. An August 30, 2013 progress note is notable for comments that the applicant has ongoing complaints of knee pain with associated depression. The applicant is on Lidoderm patches, Lortab, Neurontin, and albuterol. The applicant is severely obese with BMI of 41. It is stated that the applicant's usage of hydrocodone has increased to eight tablets daily. The applicant is permanent and stationery. It does not appear that the applicant is working with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/500 mg 8tabs/ day #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain affected as a result of the same. In this case, however, the applicant has failed to return to work with permanent limitation in place. The applicant reports difficulties in performing even basic activities of daily living such as lifting, walking, sitting, standing, sleeping, personal care, etc., secondary to pain. The applicant's pain scores are quite high, rated at 7/10 on a progress note of August 30, 2013. All the above, taken together, imply that ongoing usage of hydrocodone has been unsuccessful. Therefore, the request is not certified.

Lidoderm Patches 5% #30: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in individuals in whom there has been a trial of first-line therapy such as antidepressants and/or anticonvulsants. In this case, however, there is no indication that the applicant failed anticonvulsants before Lidoderm patches were sought. The applicant was apparently using Neurontin, an anticonvulsant medication, as an adjuvant agent on August 30, 2013. It is further noted that the applicant has failed to affect any lasting benefit or functional improvement through ongoing Lidoderm usage. The applicant is off of work. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. The applicant remains highly reliant on various medical treatments, medications, patches, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Lidoderm patches. Therefore, the request is not certified.