MAXIMUS Federal Services

Case Number:	CM13-0066365		
Date Assigned:	01/29/2014	Date of Injury:	02/07/1998
Decision Date:	05/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 64-year-old female who reported an injury on 02/07/1998. The mechanism of injury was not provided. The diagnoses included internal derangement of the knee, enthesopathy of the shoulder and impingement syndrome. The medication history as of 02/18/2013 revealed that the injured worker was taking Norco 10/325 and Lidoderm patches, glucosamine DS and Celebrex. The documentation of 10/11 revealed that the injured worker was using a DonJoy brace, a TENS unit and a hot and cold wrap. It was indicated that the physician would provide the injured worker with Terocin patches 20%. The documentation of 11/12/2013 revealed that the injured worker had tenderness along the joint line, especially laterally on the left side and medially on the right side. The treatment plan included standing x-rays of the left knee, which revealed a 1 mm articular surface laterally. The physician further opined that the injured worker would need Hyalgan injections to the left knee for a series of 5 due to arthritic changes. The injured worker received Norco, Celebrex, Lidoderm patches and Terocin as well as LidoPro ointment, which was recommended in September. The diagnoses included internal derangement of the knee bilaterally status post surgical intervention twice on the right and the left, impingement syndrome bilaterally, weight gain of 35 pounds and issues of sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SERIES OF FIVE HYALGAN INJECTIONS TO THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: ODG, Knee & Leg Chapter, Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyaluronic Injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic injections for patients who have significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic and pharmacological treatment or who are intolerant of these therapies after at least 3 months. There should be documented, symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium or over 50 years of age. There should be documentation that the pain interferenes with functional activities and is not attributed to other forms of joint disease. There should be documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. The clinical documentation submitted for review indicated that the injured worker was over 50 and had osteoarthritis per radiologic examination. There was a lack of documentation indicating that the injured worker had pain that interfered with functional activities and had a failure to adequately respond to aspiration and injection of intra-articular steroids. Given the above, the request for a series of 5 Hyalgan injections to the left knee is not medically necessary.

NORCO #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the strength and the frequency for the requested medication. Given the above, the request for Norco #150 is not medically necessary.

LIDODERM PATCHES 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The clinical documentation submitted for review failed to indicate that the injured worker had a trial and failure of first-line therapy, including gabapentin or Lyrica. There was a lack of documentation indicating a necessity for 3 topical forms of lidocaine. The clinical documentation indicated that the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation of objective functional improvement and an objective decrease in pain with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm patches 5% #30 is not medically necessary.

TEROCIN PATCHES #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Additionally, Other Medical Treatment Guideline or Medical Evidence: http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety...are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to indicate the necessity for 3 topical forms of lidocaine. The clinical documentation indicated that the injured worker had been utilizing Terocin patches for 1 month, and they had been helpful. However, there was a lack of documentation indicating objective functional benefit and an objective decrease in the injured worker's pain. The request as submitted failed to indicate the frequency and quantity for the requested medication. There was a lack of documentation indicating that the injured worker had trialed and failed antidepressants and anticonvulsants. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Terocin patches #20 is not medically necessary.

LIDOPRO CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Additionally, Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/search.php?searchterm=LidoPro.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety...are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments such as, Lidocaine and Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS Guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the necessity for 3 topical forms of lidocaine. The clinical documentation indicated that the prescription was for a primary prescription of the requested medication. There was a lack of documentation indicating that the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating that the injured worker had not responded to or was intolerant to other treatments. Given the above and the lack of documentation of exceptional factors to warrant the nonadherence to guideline recommendations, the request for LidoPro cream is not medically necessary. The request as submitted failed to indicate the frequency, quantity and strength of the LidoPro cream.