

Case Number:	CM13-0069156		
Date Assigned:	06/11/2014	Date of Injury:	03/18/2008
Decision Date:	07/14/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 with a reported date of injury of 03/18/2008. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include internal derangement of the knees bilaterally, status postsurgical intervention on the left with persistent symptomatology, discogenic lumbar condition with disc disease from T11-S1 with facet changes from L2 to S1 and lateral disc protrusion at L1 and L2, element of weight gain of 40 pounds, element of depression, and sleep deprivation. Her previous treatments were noted to include hot and cold modalities, medications, surgery, and aqua therapy. The physical exam dated 05/22/2014 reported the injured worker rates her pain at 7/10 for which she used Norco and had been helpful in maintaining her pain and allowing her to be functional during the day. The injured worker complained of worse pain in her bilateral knees and lately the right knee is worse than the left. The injured worker denied spasms but admitted frequent numbness and tingling to the bilateral knees and it increased with walking, sitting longer than 15 minutes, standing longer than 15 minutes and walking further than 2 blocks. The injured worker is able to do light chores and her husband assists with most of her chores at home, the pain did affect her sleep at night and the injured worker is depressed due to chronic pain that resulted in her decreased ability to do daily tasks. The range of motion to the lower left extremity extends to 180 degrees and flexion was to 120 degrees, right lower extremity extended to 180 degrees and flexion was to 100 degrees, and lumbar extension was to 15 degrees and flexion was to 50 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION 4OUNCES QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been taking this medication since 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend topical lidocaine for neuropathic pain in the formulation of a dermal patch which has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (other creams, lotions, or gels) are indicated for neuropathic pain. Topical lidocaine is not recommended for nonneuropathic pain and there is only 1 trial that tested lidocaine 4% for the treatment of chronic muscle pain. The results showed that there was no superiority over placebo. There was a lack of documentation regarding whether the LidoPro is being used for neuropathic pain or nonneuropathic pain. There was also a lack of documentation regarding the region the LidoPro is being applied. Additionally, the guidelines do not recommend lidocaine in any formulation other than the Lidoderm patch and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request FOR Lidopro Lotion 4 ounces are not medically necessary.

FLEXERIL 7.5MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The injured worker has been using this medication since 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation provided reported the injured worker did not have muscle spasms. Muscle relaxants are

recommended for short term use and the injured worker has been on this medication since 10/2013. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.

TEROCIN PATCHES QTY:20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been utilizing this medication since 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend topical lidocaine for neuropathic pain in the formulation of a dermal patch which has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (other creams, lotions, or gels) are indicated for neuropathic pain. Topical lidocaine is not recommended for nonneuropathic pain and there is only 1 trial that tested lidocaine 4% for the treatment of chronic muscle pain. The results showed that there was no superiority over placebo. There was a lack of documentation regarding whether the Terocin patches are being used for neuropathic pain or nonneuropathic pain. There was also a lack of documentation regarding the region the Terocin patches are being applied. Additionally, the guidelines do not recommend lidocaine in any formulation other than the Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Terocin Patches #20 is not medically necessary.

TRAMADOL ER 150MG QTY:20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management Page(s): 78.

Decision rationale: The injured worker has been on this medication since 10/2013. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4A's for ongoing monitoring; including algesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There was a lack of documentation regarding evidence of

decreased on a numerical scale with and without medications. The documentation provided reported the injured worker is able to do light chores although her husband helps with most of the chores at home. The injured worker also complained of pain affecting her sleep by waking her up at night. There was a lack of documentation regarding adverse effects as well as a lack of documentation regarding aberrant behaviors such as a recent urine drug screen and/or when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Therefore the request for Tramadol ER 150mg #20 is not medically necessary.