

Case Number:	CM13-0069346		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2003
Decision Date:	05/28/2014	UR Denial Date:	12/16/2013
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 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:

Treatment to date has included right knee arthroscopy (February 2006), left knee arthroscopy (February 2008), steroid injection (2010), massage therapy, aquatic therapy, physical therapy, acupuncture, trigger point injection, Synovise injection, home exercise program, and medications which include hydrocodone/APAP, Zanaflex, venlafaxine, MS Contin, and Lidoderm Patch. Medical records from 2012 to 2014 were reviewed the latest of which dated January 9, 2014 revealed that the patient continued to have pain in both knees, left greater than right. She has had steroid injection with pain relief in 2010. She is a candidate for total knee replacement but deferred having the surgery. She continued to have low back pain with radiation into both lower extremities. She reported having increased burning and numbness in both lower extremities. On physical examination, patient had antalgic gait. There was spasm and guarding noted over the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment guidelines state ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation of therapy. In this case, hydrocodone/APAP was prescribed since September 2013. However, there was no evidence of analgesia and functional improvement with the use of this medication. Therefore, the request for hydrocodone/apap 10/325 mg #90 is not medically necessary.

LIDODERM 5% (700 MG/PATCH) #30 WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Section Page(s): 56-57. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDODERM PATCHES, 56-57

Decision rationale: As stated on pages 56-57 of Chronic Pain Medical Treatment Guidelines, topical lidocaine 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, Lidoderm was prescribed since May 2013. Patient has tried multiple conservative treatment for pain, with little or no relief of symptoms. However, the patient applies the patch on her neck and bilateral shoulders. This is not considered as a type of localized peripheral pain which should be the indication for a topical lidocaine per the guideline recommendations stated above. Therefore, the request for lidoderm 5% (700 mg/patch) #30 with three refills is not medically necessary.