

<b>Case Number:</b>	CM14-0102478		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/28/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Geriatrics and is licensed to practice in New York. 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 78 year old woman with a date of injury of 1/28/05. She is status post right total knee replacement on 4/24/14 with a recent CVA. She was seen by her primary treating physician on 6/12/14 for her 6 week follow up to her right knee surgery. She was using a quad cane and her active range of motion was 5-110 degrees. Her knee was non-tender with no swelling. It is documented that oxycontin/oxycodone made her sick and itch and that she was using lidoderm patches. Her diagnoses were osteoarthritis of the right knee status post total knee replacement. At issue in this review are the prescriptions for lidoderm patch and vicodin. It appears lidoderm is a refill but it is not clear if vicodin is a refill or a new prescription from the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patches #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-Norepinephrine Reuptake Inhibitors (SNRI), anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has post operative knee pain. Lidoderm is FDA approved only for post-herpetic neuralgia which she does not have clinically or by history. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.

**Vicodin 7.5/325mg #70:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 74,78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 78 year old injured worker underwent knee surgery in 4/14. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The MD visit of 6/14 fails to document pain level (non-tender on exam), functional status or side effects to justify opioid use. The vicodin is denied as not medically necessary.