

Case Number:	CM14-0137668		
Date Assigned:	09/05/2014	Date of Injury:	07/08/2011
Decision Date:	10/02/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 35-year-old female with an injury date of 07/08/2011. Based on the 08/18/2014 progress report, the patient has persistent anterior and medial knee pain with difficulty in daily activities. The patient has mild effusion as well as good patellofemoral tracking with some mild patellofemoral crepitus and a positive patellofemoral grind test. The patient has tenderness along the anterior fat pad with a positive Hoffman's fat pad sign. The 09/05/2013 MRI of the patient's left knee revealed early chondral injury along the medial patella. The patient also had evidence of early chondral lesion within the posterior femoral condyle. There appears to be intrameniscal degeneration on the medial aspect of the meniscus, more so than the lateral. The 06/02/2014 report indicates that the patient also has difficulty with standing long periods of time and has problems with repetitive lifting. She has some mild swelling, no catching or locking. The patient's diagnoses include status post right knee arthroscopy with partial medial meniscectomy (May 2012), moderate osteoarthritis of the patellofemoral and medial compartment, status post abrasion chondroplasty for grade 4 chondral changes, and history of diabetes and hypertension. The utilization review determination being challenged is dated 08/25/2014. Treatment reports provided were from 01/20/2014 - 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Qty. 30: Upheld

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

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

Decision rationale: Based on the 08/18/2014 progress report, the patient complains of having persistent anterior and medial knee pain with difficulty in daily activities. The request is for Lidoderm 5% patch quantity 30. The patient has been using Lidoderm patches as early as 01/28/2014. MTUS Guidelines page 57 states, "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: neuropathic pain recommended for localized peripheral pain." When reading the Official Disability Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." The Official Disability Guidelines further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The 01/28/2014 report indicates that the patient has "significant pain relief of nerve pain" with a use of Lidoderm patch. However, it is not known what "nerve pain" this patient suffers from. The patient does not present with a diagnosis of neuropathy but rather chronic knee pain due to arthritis. Lidoderm use is not indicated for arthritic pain. Therefore, this request is not medically necessary.

Dilaudid 2mg, Qty. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trial use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60, 61; 88, 89; 78.

Decision rationale: Based on the 08/18/2014 progress report, the patient complains of having pain in her anterior and medial knee with difficulty in daily activities. The request is for Dilaudid 2 mg quantity 60. The patient has been taking Dilaudid as early as 01/28/2014. MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, there were no pain scales provided nor were there any changes in activities of daily living discussed. The provider failed to mention that the patient has any adverse side effects or adverse behavior. Therefore, this request is not medically necessary.

Lunesta 3mg, Qty. 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia, Pain chapter: Lunesta

Decision rationale: Based on the 08/18/2014 progress report, the patient complains of having persistent anterior and medial knee pain with difficulty in daily activities. The request is for Lunesta 3 mg quantity of 20. The patient has been taking Lunesta as early as 01/28/2014. The Official Disability Guidelines states that "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." None of the reports indicate that the patient was having insomnia or having problems staying asleep. Therefore, this request is not medically necessary.