

<b>Case Number:</b>	CM14-0167042		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/28/2005
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Orthopedic Surgery 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 patient is a 70-year-old female with date of injury of January 28, 2005. The patient has been diagnosed with osteoarthritis involving the lower leg and had knee joint replacement. The patient had right total knee replacement. The medical records document that she is walking better and using a cane. Physical examination shows range of motion of the right knee from 10 to 120 . Patient plan includes home exercise and medications. At issue is whether home help is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 4hours Per Day, 5 Days Per Week For 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The patient does not meet MTUS criteria for home health services. MTUS guidelines recommend home health services only for patients who are homebound. The medical records do not document that this patient is completely homebound. There is no documentation the medical records that the patient is homebound on a part-time or an intermittent basis.

Guidelines not met for home health care giver. Therefore, request for Home Health Care 4hours Per Day, 5 Days Per Week For 6 Weeks is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** MTUS guidelines do not recommend Lidoderm patches for chronic knee pain. Guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there is been a trial of first-line therapy including antidepressants, gabapentin, or lyrica. Lidoderm patch is only FDA approved for postherpetic neuralgia. The medical records do not contain documentation noting failure to relieve symptoms with first-line neuropathy medications. Criteria for use not met. Therefore, request for Lidoderm Patches 5% #60 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** Guidelines do not recommend narcotics for chronic knee pain. In addition the medical records do not document significant improvement of function and VAS pain scores with previous narcotic medications. Criteria for additional narcotic use not met. In addition there is no documentation that the patient involved in a functional restoration program for chronic knee pain. The request for Vicodin 7.5/325mg #70 is not medically necessary.