

<b>Case Number:</b>	CM14-0169558		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 57 year old man who lost his knee pads while crawling through a pipe on a hot day and had to crawl out on his bare knees on July 15, 2009. He felt his knees were burned and subsequently had bilateral knee pain. He has had injections, left knee arthroscopy and left total knee replacement and walks with a limp and a cane. It is stated in the clinical note in Sept 2014 that he is able to perform activities of daily living (ADLs) on medications; without medications, he is unable to get out of bed. Medications include Norco, Ketoprofen, Dilaudid, Celebrex, morphine sulfate sustained release (MSSR). Exam is notable for a swollen left knee. His diagnoses are bilateral knee pain, internal knee derangement and knee osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Per the Medical Treatment Utilization Schedule (MTUS), 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] antidepressants or an anti-epileptic drugs [AED] such as gabapentin). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation that this worker has neuropathic pain nor is there documentation that the worker has failed a recommended first line medication therapy. Therefore, Lidocaine Patch #30 is not medically necessary and appropriate.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 113,76-78.

**Decision rationale:** Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Opioid medications are not intended for long-term use. Under the criteria for use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Almost none of these criteria have been documented. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available either. Therefore, the request Tramadol ER 150mg #30 is not medically necessary and appropriate.