

Case Number:	CM14-0170633		
Date Assigned:	10/23/2014	Date of Injury:	11/01/2000
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 59 year old female employee with date of injury of 11/1/2000. A review of the medical records indicate that the patient is undergoing treatment for chronic pain syndrome, knee pain (left), chronic lumbar back pain, obesity, anxiety, chronic insomnia, chronic depression. Subjective complaints include pain in the left knee described as constant, sharp, aching, cramping, shooting, throbbing, burning, stabbing. She states that without medications, her pain increases and she only sleeps two hours per night. The pain is made worse by lifting, sitting, bending, physical activity, standing, twisting, walking and lack of sleep. Her pain level improves with sleep, rest, heat, medications, ice, physical activity and changing positions. Objective findings include bilateral crutches or a cane for ambulation; minimal weight applied to left side; left knee extension to almost neutral, flexion to 95; very tender to palpation; no ligamentous laxity to examination; calf is soft and non-tender; motor and sensory examination intact. Treatment has included the following: PT, HEP, Topical, Norco, Lidoderm, Levonorgestrel, Fenofibrate, Metformin, Allopurinol, Lisinopril, Furosemide Tabs, Triamterine, Proair HFA Aerosol. The utilization review dated 10/7/2014 denied the requests for Lidoderm 5% patch; 1-3 patches affected are 12 hr-on, 2 hr-off PRN #boxes with 1 refill and Norco 10/325mg tab; 1 tab by mouth every 4 hours, as needed for pain, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch; 1-3 patches affected are 12 hr-on, 2 hr-off PRN #boxes with 1 refill:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine topical

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritic. For more information and references, see Topical analgesics." ODG further details, "Criteria for use of Lidoderm patches: (a) recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that is generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. The patient is also on a Topical lidocaine patch and the treating physician did not detail why two patches are needed. As such, the request for Lidoderm 5% patch; 1-3 patches affected are 12 hr-on, 2 hr-off PRN #boxes with 1 refill is not medically necessary.

Norco 10/325mg tab; 1 tab by mouth every 4 hours, as needed for pain, #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Knee, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 10/325mg tab; 1 tab by mouth every 4 hours, as needed for pain, #180 is not medically necessary.