

Case Number:	CM14-0020681		
Date Assigned:	04/30/2014	Date of Injury:	06/10/2010
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 57 year-old with a date of injury of 06/10/10. A progress report associated with the request for services, dated 01/30/14, identified subjective complaints of right knee pain. Objective findings only included vital signs. Diagnoses included knee pain. Treatment has included physical therapy, oral and topical analgesics, antidepressants, and anti-seizure agents. She had unspecified surgery of the right knee 3 years ago. A Utilization Review determination was rendered on 02/10/14 recommending non-certification of "Vicodin 5-300mg #30 and Lidoderm 5% patch".

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5-300MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 48; 74-96.

Decision rationale: Vicodin consists of hydrocodone, an opioid analgesic, in combination with acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing

review of pain relief, functional status, appropriate 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. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The patient has been on opioids well in excess of 16 weeks. In this case, there is no documentation of the other elements of the pain assessment referenced above or necessity of therapy beyond 16 weeks or specific functional improvement. Therefore, there is no documented medical necessity for Vicodin.

LIDODERM 5% PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 115-116.

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

Decision rationale: Lidoderm (lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology; There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica); This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints; An attempt to determine a neuropathic component of pain should be made; The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day); A trial of patch treatment is recommended for a short-term period; Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. Therefore, in this case, there is no documentation of the neuropathic component of the pain, or documented functional improvement for the medical necessity of Lidoderm.