

Case Number:	CM14-0022547		
Date Assigned:	06/11/2014	Date of Injury:	09/28/2008
Decision Date:	08/07/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 67-year-old female who reported an injury on 09/28/2008 due to an unknown mechanism of injury. The injured worker complained of pain to her right knee rated 7/10. She described her pain as a constant dull ache with stabbing and burning sensations. On 01/29/2014, the physical examination revealed that the injured worker had an antalgic gait. There was pain to the right knee when medial and lateral stress was applied with audible crepitus. There were no diagnostic studies submitted for review. The injured worker had diagnoses of causalgia of lower limb, opioid-type dependence unspecified, and reflex sympathetic dystrophy of the lower limb. The past treatment methods were not included for review. The injured worker's medications included Norco 10/325 mg, Neurontin 300 mg, cimetidine 400 mg, hydrochlorothiazide 25 mg, ibuprofen 800 mg, levothyroxine 75 mcg, Prozac 20 mg, Ativan 1 mg, and Lidoderm patch 5%. The current treatment plan is for Norco 10/325 mg #330 and Lidoderm 5% quantity: 60. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #330: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

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

Decision rationale: The request for Norco 10/325 mg #330 is not medically necessary. The injured worker has a history of right knee pain. The California MTUS guidelines state in regards to opioids, that there must be 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. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. There no documentation of a pain assessment to include functional benefits, side effects, pain relief and aberrant behavior. In addition, the frequency was not included in the request. The request for Norco 10/325 mg #330 is not medically necessary.

LIDODERM 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidoderm 5% quantity: 60 is not medically necessary. The injured worker has a history of right knee pain. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The frequency for the proposed medication was not provided. There is no documentation or rationale why the injured worker would require any other medication form verses oral medications. In addition, the request does not specify in which form the medication is needed. Given the above, the request for Lidoderm 5% quantity: 60 is not medically necessary.