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| <b>Case Number:</b>   | CM14-0040627 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 12/11/2012 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 02/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic knee pain reportedly associated with an industrial injury of December 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; corticosteroid injections to the knee; Synvisc injections to the knee; opioid therapy; a left knee arthroscopy on March 3, 2013; a right knee meniscectomy and chondroplasty surgery on August 7, 2013; and extensive periods of physical therapy over the course of the claim. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a request for Vicodin and Lidoderm. The claims administrator stated that the applicant did not carry a diagnosis for which opioids were recommended and further stated that the applicant did not have neuropathic pain for which Lidoderm is recommended. A March 17, 2014 progress note is notable for comments that the applicant had persistent complaints of knee pain, depression, and anxiety. The applicant exhibited tenderness about the knees. The applicant was given a prescription for Vicodin for pain relief. Permanent work restrictions were renewed. The applicant exhibited an antalgic gait. It did not appear that the applicant was working with permanent limitations in place. There was no discussion of medication efficacy on this date. In a progress note of April 28, 2014, the applicant was given persistent complaints of knee pain. The applicant was described as using a hinged knee brace. Vicodin was endorsed for severe pain, along with Lidoderm patches. The applicant was again described as permanent and stationary. On June 9, 2014, the applicant was again described as using Vicodin and Voltaren gel for pain relief. Permanent work restrictions were in place. The applicant was using a cane to move about. There was no discussion of medication efficacy on this date, either.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is seemingly off of work. There is no evidence of any decrements in pain or improvements in function achieved as a result of ongoing Vicodin usage. The attending provider did not incorporate any discussion of medication efficacy into his decision to continue Vicodin. Therefore, the request is not medically necessary.

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . Page(s): 56-57 and Page 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112,.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants. In this case, however, the applicant has orthopedic knee pain associated with knee arthritis. There is no mention of any neuropathic pain for which Lidoderm patches are indicated, nor is there any evidence that the antidepressants and/or anticonvulsants have been tried and/or failed here. Therefore, the request is not medically necessary.