

<b>Case Number:</b>	CM14-0041954		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Pain 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:

This is a 39-year-old female patient who sustained an industrial injury on 10/02/2013. Diagnoses include sprains and strains of knee and leg. Mechanism of injury occurred when she slipped and fell at work. Previous treatment has included physical therapy, chiropractic, oral medications, topical medications, activity modification, use of the cane, home exercise program, ice, and TENS unit. A request for naproxen 550 mg #60 and Lido Pro Cream 121g was non-certified utilization review on 03/13/14. The reviewing physician noted that it was unclear how the prescription of naproxen would be of more functional benefit as compared to the patient using an over-the-counter anti-inflammatory. It was also not clear why an over-the-counter topical agent could not be used as the use of prescription topical/compounded analgesics is unproven as an effective treatment alternative for long-term pain relief and not supported in the guideline criteria. A letter of appeal from the treating provider dated 04/07/14 contains portions of the CA MTUS guidelines. There is no patient's specific information provided on this appeal. Surgical consultation dated 04/20/14 reveals at the time of injury, her right patella dislocated which required reduction, and she was then treated with chiropractic care. She still walks with a cane and complains of relatively severe pain at the anterior knee and feeling unsteadiness when she walks and stands. She is unable to squat or climb stairs without leg. On examination it was noted she is 5 foot 5 inches tall and weighs 220 pounds. Her right knee demonstrated slight swelling with tenderness at the medial side of the knee. There is only slight lateral subluxation. There is laxity on lateral subluxation testing with pain and apprehension. She cannot extend the knee from flexion in the sitting position secondary to pain. She is neurovascularly intact. She allows flexion to about 90. She is able to walk without a cane, but limps and can only squat about 10. It was felt most of her symptoms are likely coming from the chondral fracture on the patella. She is not interested in surgery, although may need an arthroscopic evaluation for

chondroplasty, possible microfracture, removal of the medial bone fragment, and repair of the medial patellofemoral ligament at the patella. The treating provider reported concern because her pain level is much higher than expected at 6 months post injury. Physical therapy was recommended to work on leg range of motion and strengthening, and build-up musculature. She was given a nutritionist's card, as she definitely needs to lose weight. She was advised to get off her cane as soon as possible. On most recent progress note the patient reported a pain level of 8/10 and reported pain is helped with naproxen and ice. Examination showed tenderness to palpation at the bilateral knee and decreased sensation to the right greater than left lower extremity with weakness in the right lower extremity. She was prescribed naproxen for mild pain, omeprazole 20 mg for gastritis, and LidoPro cream as an alternative to oral for nerve pain. Twelve sessions of physical therapy were recommended prior to proceeding with surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen 550mg, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

**Decision rationale:** The CA MTUS recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. Guidelines also note "There is no evidence of long-term effectiveness for pain or function." The patient has a chronic injury and has been taking nonsteroidal anti-inflammatories long-term without any significant benefit noted. The patient appears to consistently report pain levels of 8/10. There is no documentation of failure of first-line over-the-counter nonsteroidal anti-inflammatories. Given duration of treatment with NSAIDs, and guidelines do not recommend long-term use of NSAIDs, continued use of naproxen 550mg, #60 (dosing frequency not specified) is not considered medically necessary and this request is non-certified.

**Lidopro cream 121g:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of

trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. This medication contains lidocaine, and guidelines note "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drugs) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Documentation does not describe the patient's pain as being neuropathic in nature and there is no documentation of failed first line oral agents. Additionally, guidelines specifically state that lidocaine is only supported in dermal patch formulation and is not supported in creams, lotions, or gels. Lidopro cream 121g (dosing not specified) is not medically necessary and is non-certified.