

<b>Case Number:</b>	CM14-0042068		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/20/2006
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/12/2014
<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 is licensed to practice in Nevada. 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 60-year-old female who was reportedly injured on October 20, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 7, 2014, indicated that there were ongoing complaints of knee pain. Current medications include atenolol, Avapro, gabapentin, Lidoderm patches, Lipitor, Percocet and VESicare. The physical examination demonstrated diffuse left knee tenderness. Diagnostic imaging studies were not commented on. Previous treatment included a left knee totally arthroplasty, physical therapy, and home exercise. A request was made for Percocet, trazodone and Lidoderm patches and was not certified in the pre-authorization process on March 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10mg-325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 OF 127.

**Decision rationale:** Percocet is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term

management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Percocet is not medically necessary.

**Trazodone 50mg #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone, updated June 12, 2014.

**Decision rationale:** The most recent progress note dated February 7, 2014, did indicate that the injured employee has difficulty sleeping and also has a diagnosis of depression. The Official Disability Guidelines recommend trazodone as an option for insomnia for patients who also have symptoms of depression or anxiety. Therefore, this request for trazodone is medically necessary.

**Lidoderm 5% (700mg/patch) #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56 OF 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines support the use of topical lidocaine for individuals with neuropathic pain. According to the attached medical record, the injured employee did not have any symptoms or diagnosis of neuropathic pain. Therefore, this request for lidocaine patches is not medically necessary.