MAXIMUS Federal Services

Case Number:	CM14-0046075		
Date Assigned:	07/02/2014	Date of Injury:	09/17/2008
Decision Date:	09/17/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation and is licensed to practice in Calfornia. 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 40-year-old female who reported an injury 09/17/2008. The mechanism of injury was not provided within the medical records. The clinical note indicated diagnoses of internal derangement of the knee on the left status post 2 surgical interventions; internal derangement of the knee on the right for which there has been no MRI done; discogenic lumbar condition with MRI showing facet wear more on the left than right at L5-S1 dated 01/2012; deep vein thrombosis subsequent to a third surgery requiring anticoagulation and sleep; stress; tension; and depression. The injured worker reported back pain and pain to the bilateral knees with status post 2 surgeries on the left knee. The injured worker reported she treated the right knee conservatively. An unofficial MRI of the low back revealed specific changes noted on the left more than the right. Physical examination noted there was tenderness along the joint line as well as patella with weakness to resisted function. The injured worker's treatment plan included nerve studies of the lower extremities. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Voltaren, Norflex, Ultracet, Protonix, and Lidopro cream. The provider submitted a request for Lidoderm bottle, Terocin patch, and Norco. A Request for Authorization dated 04/11/2014 was submitted; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, unspecified dosage # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The request for Norco, unspecified dosage # 100 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing Norco. Furthermore, the request does not indicate a dosage or a frequency for this medication. Therefore, the request for Norco is not medically necessary.

Terocin patch # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112, 56,78.

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

Decision rationale: The request for Terocin patch # 30 is not medically necessary. The Terocin patch contains (methyl salicylate/capsaicin/menthol/lidocaine 25/0.025/10/2.5%)The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of evidence in the documentation to indicate the injured worker had postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain to warrant the use of capsaicin. In addition, the guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm. Therefore, lidocaine is not recommended. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the request does not indicate a frequency or dosage for this medication. Therefore, the request is not medically necessary.

Lidoderm 4 ounces 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

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

Decision rationale: The request for Lidoderm 4 ounces 1 bottle is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain. Therefore, Lidoderm bottle is not indicated. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In addition, it was not indicated the injured worker had tried a first line therapy such as gabapentin or Lyrica. Moreover, the request does not indicate a frequency. Therefore, the request is not medically necessary.