

Case Number:	CM14-0047201		
Date Assigned:	07/02/2014	Date of Injury:	11/01/2000
Decision Date:	09/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/15/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female with a reported date of injury on 11/01/2000. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic pain syndrome, left knee pain, chronic lumbar back pain, and obesity. Her previous treatments were noted to include physical therapy and medications. The gross note dated 07/08/2014 revealed the injured worker reported that her medications had been effective without intolerable side effects. The injured worker indicated she had been having difficulty getting her medications and that she was having physical therapy performed on her left leg. The injured worker indicated her pain rated 7/10 without medications and 5/10 with medications. The physical examination revealed a decreased range of motion to the left knee due to pain and tenderness to palpation in the inferior and medial patella. The neurological examination revealed an absent left patella and ankle deep tendon reflexes. The progress note dated 07/30/2014 was revealed complaints of knee pain and the frequency was intermittent. The injured worker indicated the pain was made better by sleep, rest, heat, medication, walking, ice, changing positions, and with medications rated her pain 4/10 and without medications rated 6/10. The injured worker indicated she was house confined and could go out without assistance. The physical examination revealed normal posture, antalgic gait using broken crutches with tennis balls for assistance with ambulation. The physician reported the injured worker had no evidence of overmedication, sedation, or withdrawal symptoms. The injured worker indicated that she was not taking her medications as prescribed. The injured worker indicated the insurance company had denied the Norco and Lidoderm patches. The injured worker indicated that she is up and out of bed daily, dressed daily, but is not out of the house daily. The injured worker indicated that with Norco and Lidoderm, the patches helped keep her functional with activities of

daily living, exercise, and she was able to perform light cooking. The request for authorization form was not submitted within the medical records. The request was for Lidoderm patch 5% (lidocaine) apply 1 to 3 patches 12 hours on, 12 hours off, and for 3 boxes, and Norco 10/325 one by mouth every 4 hours as needed for pain #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5 percent (Lidocaine) apply 1-3 patches 12 hr on, 12 hr off #3 boxes:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics.

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

Decision rationale: The request for Lidoderm patch 5% (lidocaine) apply 1 to 3 patches 12 hours on, 12 hours off, #3 boxes, is not medically necessary. The injured worker rates her pain with medications as 4/10 and without medications 6/10. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend Topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 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 (tricyclic or SNRI antidepressants or AED's such as gabapentin and Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There was a lack of documentation regarding neuropathic pain to warrant lidocaine patches. Therefore, the request is not medically necessary.

Norco 10-325mg 1 PO Q4 PRN #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, 1 by mouth every 4 hours as needed, #180, is not medically necessary. The injured worker has been utilizing this medication since at least 06/2014. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. The injured worker indicated with

medications her pain level was 5/10 and without medications was 7/10. The injured worker indicated with pain medications she was able to perform her activities of daily living, exercise and perform light cooking. There was a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief and improved functional status, without details of side effects and consistent urine drug screens to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.