

Case Number:	CM14-0049584		
Date Assigned:	07/07/2014	Date of Injury:	11/15/2001
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 has been treated with the following: Analgesic medications; sleep aids; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for Lunesta, Lidocaine patch, and glucosamine. The applicant's attorney subsequently appealed. In a December 4, 2013 progress note, the applicant reported 6/10 pain with medications and 8/10 pain without medications. The applicant reportedly carried diagnosis of bilateral degenerative joint disease about the bilateral knees with superimposed osteopenia about the same. The applicant was wearing knee braces. The applicant was off of work and currently receiving disability, it was stated. The applicant was obese, standing 5 feet 9.5 inches tall and weighing 208 pounds, it was acknowledged. Crepitation was noted about the knees. Norco, glucosamine, and gabapentin were endorsed. The applicant was not working, it was acknowledged. Authorization was sought for replacement knee brace. In a December 4, 2013 progress note, the applicant was described as again having primary pain generator of bilateral knee arthritis. The applicant was not working, it was acknowledged. 8/10 pain was noted without medications versus 6/10 pain with medications. The applicant had difficulty performing sitting, standing, bending, lifting, and walking, it was acknowledged. Authorization was sought for a replacement knee brace. On May 15, 2014, the applicant was described as having persistent complaints of knee and back pain. The applicant's medication list reportedly included topical Pennsaid, Norco, Prilosec, and Naprosyn. The claims administrator complained that gabapentin and Lidoderm patch had been denied. On April 9, 2014, the attending provider issued prescriptions for Lidoderm patch, Norco, Lunesta, and Pennsaid. The applicant's primary operating diagnosis was bilateral knee arthritis. It was stated that Lunesta was being used for treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lunesta 2mg (DOS 3/10/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Lunesta Medication Guide.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the topic of Lunesta usage. As noted by the Food and Drug Administration (FDA), Lunesta is indicated in the treatment of insomnia, for up to six months in duration. In this case, the request in question appears to represent either a first- or second-time request for Lunesta. The attending provider's prescription for Lunesta, thus, does conform to FDA parameters. Accordingly, the request was medically necessary.

Retrospective request for Lidocaine 5% pad (DOS 3/10/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, criteria for use of Lidoderm patches.

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

Decision rationale: Page 112 of the Chronic Pain Medical Treatment Guidelines does support provision of lidocaine patch to treat neuropathic pain/localized peripheral pain in applicants as a first-line therapy. This statement also applies to applicants using antidepressants and/or anticonvulsants. In this case, the applicant's bilateral knee pain and principal pain generator has been attributed to advanced arthritis of the bilateral knees. The applicant does not have neuropathic pain for which lidocaine patch would be indicated. Accordingly, the request is not medically necessary.

Retrospective request for Cosamin DS 500-400 (DOS 3/04/14): Overturned

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 Glucosamine topic. Page(s): 50.

Decision rationale: As noted on page 50 of the Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of pain associated with arthritis and, in particular, that associated with knee arthritis. In this case, the applicant does in fact have advanced clinical and radiographic knee arthritis. Provision of glucosamine is indicated to combat the same. Therefore, the request is medically necessary.