

<b>Case Number:</b>	CM14-0090158		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/23/1998
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 patient is a 66 year-old male with date of injury 09/23/1998. The medical document associated with the request for authorization, a primary treating physician's progress report (PR-2), dated 03/25/2014, lists subjective complaints as continued bilateral knee pain as well as low back pain. Objective findings include: Examination of the left knee revealed tenderness along the medial and lateral joint line and subpatellar crepitation with decreased range of motion; Examination of the right knee revealed tenderness to palpation along the patella facets and medial joint line along with decreased range of motion due to pain; Examination of the lumbar spine revealed tenderness to palpation along the paravertebral musculature and decreased range of motion. Diagnoses include: Bilateral knee arthritis; Lumbar spinal stenosis with degenerative disc disease; Hearing loss and tinnitus; Right ankle osteochondral defect; Psychological diagnosis; Status post bilateral knee arthroscopies; Status post right ankle arthroscopy. Medications include: Celebrex 200mg, #30; Ambien 10mg, #30; Norco 5/325mg, #30; Topical Lidoderm Patches, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 Mg #30 with 2 Refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** There is good documentation in the medical records that state the patient suffers from bilateral knee osteoarthritis. The MTUS guidelines recommend nonsteroidal anti-inflammatory drugs (NSAIDs) be given to patients with osteoarthritis, prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. As such, the request is medically necessary.

**Ambien 10 Mg #30 with 2 Refills:** Upheld

**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 Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. The current request is for a one month supply plus 2 refills which will allow the patient to take Ambien for longer than the 2-6 week period recommended by the ODG. As such, the request is not medically necessary.

**Norco 5/325 Mg #30 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last several months. As such, the request is not medically necessary.

**Topical Lidoderm Patches #30 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** Lidoderm is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to

recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As such, the request is not medically necessary.