

Case Number:	CM14-0190390		
Date Assigned:	11/21/2014	Date of Injury:	06/13/2003
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 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:

This is a 71-year-old male with a 6/13/2003 date of injury. A progress report dated 8/26/14 noted subjective complaints of right knee pain. Objective findings included restricted ROM of the right knee. Current medications include Lidoderm 5% patch, Naproxen 250 mg once a week, Norco 10/325 once daily, as needed, Cymbalta 60 mg. Diagnostic Impression: knee pain and chronic pain syndrome. Treatment to Date: medication management, physical therapy, TENSA UR decision dated 10/22/14 denied the request for Lidoderm 5% Patch with 2 refills. There is no documented evidence suggesting that Cymbalta, as first-line therapy, has failed. It also denied Naproxen 250 mg #30 with 2 refills. The patient has been utilizing multiple NSAIDs for over a year, and reported in 4/2/14 that Naproxen had minimal effect on pain relief. It also denied 1 random urine screening. The patient has not exhibited any signs of opiate abuse from the Norco, and the provider has been performing non-random urine screens at most appointments. It also denied labs to assess end-organ function. The recommendation to non-certify naproxen does not support the medical necessity for periodic lab monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that topical Lidocaine 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, there is no documentation to suggest that the patient has neuropathic pain. Additionally, the patient is currently on Cymbalta which progress notes document is improving his pain. Therefore, there is no indication that first line therapy with anti-depressant has failed. Therefore, the request for Lidoderm 5% patch with 2 refills was not medically necessary.

Naproxen 250 mg, #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, given the 2003 original date of injury, it is unclear how long the patient has been taking Naproxen. Guidelines do not recommend the chronic use of NSAIDS, especially in the absence of documentation of objective functional benefit derived from its use. Therefore, the request for Naproxen 250 mg #30 with 2 refills was not medically necessary.

1 random urine screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, it is documented by the provider that the patient has not demonstrated any evidence of abuse. Additionally, with office visits the patient

undergoes frequent urine toxicology as well as blood toxicology screens. There is no documentation to suggest that the patient needs a random urine drug screen as well. Therefore, the request for 1 random urine screening was not medically necessary.

1 lab to assess end organ function: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Medication Guide (NSAIDS)

Decision rationale: CA MTUS and ODG do not specifically address this issue. Package inserts for NSAIDS recommend period lab monitoring of CBC and chemistry profile (including liver and renal function tests). However, since the continued use of Naproxen is not medically necessary, lab tests are not indicated. Therefore, the request for 1 Labs to assess end organ function was not medically necessary.