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| <b>Case Number:</b>   | CM14-0202063 |                              |            |
| <b>Date Assigned:</b> | 12/12/2014   | <b>Date of Injury:</b>       | 07/15/2009 |
| <b>Decision Date:</b> | 02/04/2015   | <b>UR Denial Date:</b>       | 11/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 57 year old patient with date of injury of 07/15/2009. Medical records indicate the patient is undergoing treatment for s/p left knee arthroscopic meniscectomy, s/p left knee arthroscopic debridement and meniscectomy, s/p left knee replacement, bilateral knee pain, and internal knee derangement, OA of knees and long term use of medications. Subjective complaints include bilateral knee pain with clunking noise. Objective findings include ambulates with use of cane, right knee ROM - flexion 115, extension 180; left knee ROM is 70% of normal, swollen left anterior knee, McMurray, Lachman and Drawer tests were negative and there was diffuse bilateral knee numbness. An MRI of left knee on 07/03/2012 revealed no evidence of meniscal tear or ligamentous injury, findings most consistent with persistent mildly thickened medial patellar plica and mild patellofemoral degenerative type changes. DEXA bone density of hip and spine on 12/13/2012 revealed the lumbar spine was osteopenic and the left femoral neck was osteoporotic. Treatment has consisted of surgical intervention, TENS, physical therapy, knee brace, use of cane, cold therapy, Metformin, Dilaudid, Celebrex, MS SR, Promolaxin and Omeprazole. The utilization review determination was rendered on 11/07/2014 recommending non-certification of Mediderm patch with Lidocaine #30, Fenn 400 #30 and MSSR 30mg OD-twice a day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mediderm patch with Lidocaine #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, "Neuropathic pain 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). MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Mediderm patch with Lidocaine #30 is not medically necessary.

**Fenn 400 #30:** Upheld

**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 NSAIDs Page(s): 67-72.

**Decision rationale:** MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The treating physician does

not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on Fenn 400, but the MTUS guidelines recommend against long-term use. The treating physician has not provided indications of functional improvement with the use of this medication. As such, the request for Fenn 400 #30 is not medically necessary.

**MSSR 30mg OD-twice a day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

**Decision rationale:** MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for MSSR 30mg OD-twice a day #60 is not medically necessary.