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| Case Number: | CM14-0203909 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 06/05/2006 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 is a represented [REDACTED] employee who has filed a claim for chronic neck and knee pain reportedly associated with an industrial injury of June 5, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier knee surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve requests for Norco and Lidoderm patches. Prilosec, however, was apparently approved. The claims administrator referenced an RFA form received on October 13, 2014 in its determination. In a June 23, 2014 progress note, the applicant reported ongoing, multifocal complaints of neck, low back, and bilateral knee pain. The applicant was using a knee brace. The applicant's medication list included Tylenol No. 3, Prilosec, Lidoderm, Flexeril, and a ketoprofen containing cream. Functional restoration program was apparently sought. On August 28, 2014, the applicant was apparently using Tylenol No. 3, Lyrica, Prilosec, Lidoderm, an ibuprofen containing cream, and Cyclobenzaprine. 4/10 multifocal knee, neck, low back, and bilateral upper extremity pain were reported. The applicant's work status was not furnished, although it did not appear that the applicant was working. It was stated that the applicant was tolerating her current pain medications well. A functional restoration program was sought. On September 19, 2014, the applicant again reported 5/10 multifocal knee, low back, and bilateral knee pain. The applicant complained that some of her medications have been denied. The attending provider suggested that the applicant continue Tylenol No. 3. Gabapentin and Flexeril were endorsed. Urine drug testing was performed. On October 30, 2014, the attending provider stated that he was going to discontinue Tylenol No. 3 in favor of Norco. The attending provider then stated, somewhat incongruously, at the top of the report that Norco was working better than Tylenol No. 3, implying that the applicant was using Norco. 6/10 pain was noted. The applicant was, however, having difficulty performing activities

of daily living such as standing and walking. The applicant was asked to employ both Lyrica and Lidoderm patches. The applicant was described as disabled. A functional restoration program was again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant was described as disabled on multiple office visits, referenced above, including on October 30, 2014. While the attending provider reported that the applicant was tolerating her medications well, the applicant nevertheless reported 6/10 pain on October 17, 2014 despite ongoing usage of Norco and continued report of difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Lidoderm Patches #30: Upheld

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

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.