

<b>Case Number:</b>	CM15-0000186		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured is a 57 year old male who sustained an industrial injury of July 18, 2013. The injured worker continues to have pain in the right knee and has been diagnosed with left mortons neuroma, osteoarthritis of the right knee, right knee joint pain, derangement of meniscus of right knee, Hx of knee arthroscopy, and left foot pain. Treatment to date has included right knee arthroscopy with partial medial meniscectomy, right knee arthroscopy with partial lateral meniscectomy, right knee arthroscopy with debridement, post op physical therapy, job modification, pain medication, podiatry visits, injections, and orthopedic consultation. Currently the injured worker complains of continued pain to the right knee. The treating physicians treatment plan has included a change in pain medication, acupuncture, and weight loss. On December 31, 2014 Utilization Review non certified Norco 5/325 mg # 50, Tramadol 50 mg # 60, and lidoderm patch 5 % # 30 noting the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg quantity 50:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 78-80, 91,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 1 1/2 year status post work-related injury and continues to be treated for right knee pain. Treatments have included arthroscopy, physical therapy, injections, and medications. Medications include Norco and tramadol. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco 5/325mg #50 was medically necessary.

**Tramadol 50mg quantity 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 1 1/2 year status post work-related injury and continues to be treated for right knee pain. Treatments have included arthroscopy, physical therapy, injections, and medications. Medications include Norco and tramadol. Tramadol is a short acting synthetic opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Tramadol 50 mg #60 was medically necessary.

**Lidoderm patch 5% quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-1.

**Decision rationale:** The claimant is more than 1 1/2 year status post work-related injury and continues to be treated for right knee pain. Treatments have included arthroscopy, physical therapy, injections, and medications. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Therefore, Lidoderm was not medically necessary.

