

Case Number:	CM15-0002161		
Date Assigned:	01/13/2015	Date of Injury:	12/10/2010
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 worker is a 51-year-old female who reported an injury on 12/10/2010. Mechanism of injury was not provided. On 12/17/2014 the injured worker presented with difficulty ambulating due to pain. Current medications included Docuprene 100 mg, Lidoderm 5% patch, Pennsaid 2% pump, amlodipine besylate 2.5 mg, and Cozaar 25 mg. Examination of the left knee revealed tenderness to palpation noted over the patella, positive patellar grind test. Knee opens in extension on 90 degrees more than the opposite side during the vulgus stress test. There is tenderness to palpation along the erector spinae complex on the right side of the spine. There is diminished lumbar range of motion to flexion at 110 degrees and extension is 20 degrees. There was gluteal pain upon palpation over the left lumbar spine with a right sciatic notch tenderness and left side sciatic notch tenderness and femoral stretch test was positive. There was diminished sensation to pinprick along the posterior calf on the left and 5/5 strength in the bilateral lower extremities. The diagnoses were lumbago, thoracic or lumbosacral neuritis or radiculitis, and lumbar disc displacement without myelopathy. The provider recommended Lidoderm patches and Pennsaid. There is no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 0.05 apply 1-2 to lower back 12 hrs on/off #60 refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm patches 0.05 apply 1-2 to lower back 12 hrs on/off #60 refills 2 is not medically necessary. The California MTUS Guidelines note that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, such as a tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker had tried and failed an initial trial of gabapentin. However, the injured worker does not have a diagnosis congruent with the guideline recommendation, such as peripheral neuropathy. Additionally, there is no information on treatment history and length of time the injured worker had been prescribed Lidoderm patches. There is no evidence of increased function and decreased pain with the use of this medication. As such, medical necessity has not been established.

Pennsaid 0.02, 2 pumps to knees twice a day #1 bottles refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

Decision rationale: The request for Pennsaid 0.02, 2 pumps to knees twice a day #1 bottles refills 2 is not medically necessary. The California MTUS Guidelines do not recommend Pennsaid as a first line treatment. Diclofenac, the equivalent of Pennsaid, is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after considering the increased risk profile with diclofenac, including topical formulations for the treatment of the signs and symptoms and osteoarthritis of the knee. Diclofenac would be recommended for treatment of osteoarthritis and tendinitis of the knee, elbow, or other joints amenable to topical treatment. The included medical documentation lacked evidence of the injured worker having any contraindications to oral pain medications, and it also lacks evidence of this medication's failure to meet the provider's expectations of pain relief. The included medical documentation did not suggest subjective symptoms of osteoarthritis and tendinitis. Additionally, there is no information on treatment history and the length of time the injured worker has been prescribed Pennsaid, and the efficacy of the prior of the medication was not provided. As such, medical necessity has not been established.

