

<b>Case Number:</b>	CM15-0003032		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 41 year old male, who sustained an industrial injury on March 26, 2013. He has reported pain in the bilateral knees with clicking and popping reported and was diagnosed with osteoarthritis, unspecified whether generalized or localized, lower leg. Treatment to date has included diagnostic studies, radiographic imaging, surgical consultations, right and left knee arthroscopies, and physical therapy and pain medications. Currently, the IW complains of bilateral knee pain. The IW reported stepping off a truck and twisting the right knee. On June 20, 2013, he underwent right knee arthroscopic surgery. He developed a blood clot post-surgically and was hospitalized for anticoagulation therapy. He underwent physical therapy and a home exercise plan following the right knee surgery. Pain in the left knee continued and in November, 2013 he underwent left arthroscopic knee surgery. In September 22, 2014, evaluation revealed continued pain in the bilateral knees. The IW reported the pain medications were inadequate. A magnetic resonance image (MRI) of the knees was recommended. Treatment with anti-inflammatories and Norco were continued. The IW reported previous steroid injection was not beneficial. It was noted there was no objective data supporting the use of first-line treatments had failed. On December 19, 2014, Utilization Review non-certified a prospective usage of Lidoderm 5% adhesive patch #60 and prospective usage of Norco 10/325mg #240, noting the MTUS, ACOEM Guidelines were cited. On January 6, 2015, the injured worker submitted an application for IMR for review of requested prospective usage of Lidoderm 5% adhesive patch #60 and prospective usage of Norco 10/325mg #240.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidoderm 5% adhesive patch #60:** 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% adhesive patch #60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized pain consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tricyclic and AEDs). The criteria for Lidoderm patches are enumerated in the official disability guidelines. The guidelines include, but are not limited to, evidence of first-line neuropathic medications; pain consistent with the neuropathic etiology; not generally recommended for treatment of osteoarthritis or myofascial pain/trigger points; the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day) a trial of patch treatment is recommended for short-term. (No more than four weeks); and it is generally recommended no other medication changes be made during the trial; outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. In this case, the injured workers working diagnoses are Status post right knee arthroscopy; and status post left knee arthroscopy X 2. Subjectively, the injured worker complains of bilateral knee pain. Objectively, the injured worker does not appear to be under the influence of alcohol or excessive medications or illicit drugs. There is no neurologic evaluation. The medical record does not contain any evidence of neuropathic signs or symptoms. There is no diagnosis containing a neuropathic etiology. There is no neurologic evaluation in the latest progress note dated November 10, 2014. There is no documentation containing objective functional improvement. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Lidoderm, Lidoderm 5% adhesive patch #60 is not medically necessary.

### **Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for c.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #240 is not medically necessary. Chronic, ongoing opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured workers working diagnoses are Status post right knee arthroscopy; and status post left knee arthroscopy X 2. Subjectively, the injured worker complains of bilateral knee pain. Objectively, the injured worker does not appear to be under the influence of alcohol or excessive medications or illicit drugs. There is no neurologic evaluation. A pain management progress report dated June 23, 2014 indicated the following: "The provider stated "I have reviewed the DOJ CURES form. The injured worker filled Norco 5/325 mg #100 on April 1, 2014. On April 2, 2014, the injured worker filled Norco 7.5mg #120. On April 16, 2014, the injured worker filled Norco 7.5#120. On April 30, 2014, the injured worker filled Norco 7.5#120. On May 11, 2014, the injured worker filled Norco 7.5mg #120. On May 21, 2014, the injured worker filled Norco 5/325 mg #100 from [REDACTED]. On May 25, 2014, the injured worker filled Norco 7.5.mg #120. On June 8, 2014, the injured worker filled Norco 7.5 mg #120. The injured worker has, two separate accounts and asks for medication each time he is seen. The treating physician ordered a CURES report. It appears the injured worker is getting Norco with the pain management physician and from his [REDACTED] physician under two different accounts. The injured worker has an issue with dependency until proven otherwise. The treating physician will not be writing/filling any narcotics." Consequently, absent clinical documentation to support the ongoing use of Norco and maintaining two sets of pharmacy accounts and doubling up on Norco in excess without informing the treating physician, Norco 10/325 mg #240 is not medically necessary.