

<b>Case Number:</b>	CM15-0102893		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	02/20/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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:

This 43 female sustained a work-related injury on 2-20-10. Medical documentation from 4-20-15 indicated the injured worker was treated for status post-right knee arthroscopic surgery, tear of medial cartilage of the meniscus, rotator cuff syndrome and lumbar intervertebral disc disorder with myelopathy. She reported pain in the bilateral posterior shoulder, bilateral cervical dorsal, upper thoracic, bilateral posterior arm, bilateral anterior shoulder, bilateral anterior arm, bilateral lumbar, bilateral sacroiliac and bilateral anterior knee. She reported dizziness, insomnia, anxiety and stress. She had numbness and tingling in the right anterior leg and right posterior leg pain. Objective findings include well-healed post-surgical scar of the knee. She had tenderness to palpation of the right medial joint line with crepitus and edema. She had tenderness to palpation of the shoulders at the supraspinatus, deltoids and bicipital tendons. She had positive Codman's bilaterally, positive Supraspinatus bilaterally, positive Hawkin-Kennedy bilaterally, painful arc bilaterally and positive impingement sign bilaterally. Her bilateral knee range of motion included bilateral flexion to 90-130 degrees. She had bilateral knee extension of 4-5 and knee flexion to 4-5. She had a positive McMurry's on the right and positive bilateral straight leg raise. A request for Norco 10-325 mg #80, Lidoderm patch #45 and Prilosec 20 mg #30 was received on 4-20-15. On 4-29-15, a utilization review physician determined Norco 10-325 mg #80, Lidoderm patch #45 and Prilosec 20 mg #30 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #80 (refill unspecified): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in February 2010 and is being treated for widespread pain. When seen, pain was rated at 6-8/10. She was having right lower extremity pain with numbness and tingling. Physical examination findings included a body mass index of 42. There was bilateral shoulder and biceps tendon tenderness with positive impingement testing and painful arc. There was decreased knee range of motion and decreased knee strength. There was right medial knee joint tenderness with crepitus and edema. McMurray's testing was positive. Kemp's, straight leg raising, and Braggard's tests were positive bilaterally. Revision arthroscopic knee surgery was recommended. Norco, Lidoderm, and Prilosec were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

**Lidoderm Patch (dosage & refill unspecified) #45: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in February 2010 and is being treated for widespread pain. When seen, pain was rated at 6-8/10. She was having right lower extremity pain with numbness and tingling. Physical examination findings included a body mass index of 42. There was bilateral shoulder and biceps tendon tenderness with positive impingement testing and painful arc. There was decreased knee range of motion and decreased knee strength. There was right medial knee joint tenderness with crepitus and edema. McMurray's testing was positive. Kemp's, straight leg raising, and Braggard's tests were positive bilaterally. Revision arthroscopic knee surgery was recommended. Norco, Lidoderm, and Prilosec were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm 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. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.

**Prilosec 20mg #30 (refill unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in February 2010 and is being treated for widespread pain. When seen, pain was rated at 6-8/10. She was having right lower extremity pain with numbness and tingling. Physical examination findings included a body mass index of 42. There was bilateral shoulder and biceps tendon tenderness with positive impingement testing and painful arc. There was decreased knee range of motion and decreased knee strength. There was right medial knee joint tenderness with crepitus and edema. McMurray's testing was positive. Kemp's, straight leg raising, and Braggard's tests were positive bilaterally. Revision arthroscopic knee surgery was recommended. Norco, Lidoderm, and Prilosec were prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant was not taking an oral NSAID. The prescribing of Prilosec (omeprazole) is not considered medically necessary.