

Case Number:	CM15-0105925		
Date Assigned:	06/10/2015	Date of Injury:	03/06/2011
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53-year-old, female who sustained a work related injury on 3/6/11. The diagnoses have included failed total left knee replacement, internal derangement of knee, patellofemoral syndrome, hip degenerative joint disease and status post left hip replacement. Treatments have included several left hip surgeries including a left hip replacement, several left knee surgeries, oral medications and pain gel. In the Initial Comprehensive Pain Management Report dated 5/12/15, the injured worker complains of left hip and left knee pain. She describes the pain as constant, excruciating, heavy and shooting. She rates her pain level a 7/10. She has tenderness along the left lateral hip just outside the scar with straight leg raise. Both knees crackle with movement. Left knee range of motion is adequate but causes pain. The treatment plan includes refill prescriptions for Norco and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120, 1 tab 4 times daily for 30 days (dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year without mention of weaning, Tylenol or NSAID failure. The continued use of Norco is not medically necessary.

Lidoderm 5% (700 mg/patch) adhesive patch Qty 60 with 5 refills, 1 transdermal patch every 12 hrs for 30 days (dispense): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. In addition, topical NSAIDs rather than topical Lidocaine have been shown to be beneficial for osteoarthritis. The claimant was given prior Keratek gel. The request for continued and long-term use of Lidoderm patches with 5 refills as above is not medically necessary.