

<b>Case Number:</b>	CM15-0019016		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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 43-year-old male who reported an injury on 07/25/2011. The injury reportedly occurred when his left knee was struck with a jackhammer that he was operating. His past treatments have included left knee arthroscopic surgery, physical therapy, acupuncture, a cortisone injection, home exercise, and medications. He was given a prescription for Lidoderm 5% patches to treat his neuropathic pain on 11/12/2014. Ultracet 50/325 mg was prescribed on 12/10/2014 to be used as needed for pain. At his follow-up visit on 01/07/2015, the documentation indicated that the injured worker was improving slowly and his Lidoderm patches and Ultracet allowed him to perform most of his activities of daily living. No physical examination findings were documented. His diagnoses include a torn medial meniscus of the left knee, chondromalacia of the left knee, complex regional pain syndrome, and left peroneal neuropathy. The treatment plan included refills of Lidoderm patches and Ultracet. However, a specific rationale for these requests was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patches #1 Box:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009).

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

**Decision rationale:** According to the California MTUS Guidelines, Lidoderm patches are only FDA approved to treat postherpetic neuralgia and further research is needed to recommend this treatment for other chronic neuropathic pain disorders. In addition, the use of lidocaine is only recommended after the trial and failure of first line treatments such as antidepressants and antiepilepsy drugs. The injured worker was noted to have neuropathic pain and to have tried and failed gabapentin. However, there was no documentation showing that he had tried and failed additional first line treatments to include antidepressants. In addition, the injured worker was not shown to have postherpetic neuralgia and the guidelines state further research is needed to recommend lidocaine patches for other neuropathic pain disorders. Furthermore, while it was noted that the injured worker reported increased function with the use of Lidoderm patches, there was no documentation of significant pain relief evidenced by pain scale ratings before and after treatment. Moreover, the request as submitted did not indicate a frequency. For these reasons, the request is not medically necessary.

**Ultracet 50/325MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment (May 2009), Official Disability Guidelines (ODG) Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. The clinical information submitted for review indicated that the injured worker was prescribed Ultracet on 12/10/2014 and reported increased ability to perform his activities of daily living with the use of this medication at his follow-up appointment. However, there was no evidence of quantified pain relief from this medication. The documentation also did not address adverse side effects and aberrant drug taking behaviors and there was no documentation of consistent results on a urine drug screen to verify appropriate medication use. Moreover, the request as submitted did not include a frequency or quantity. For these reasons, the request is not medically necessary.