

Case Number:	CM15-0134357		
Date Assigned:	07/22/2015	Date of Injury:	09/06/2012
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/11/2015

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 63 year old female sustained an industrial injury on 9/06/12. She subsequently reported right knee pain. Diagnoses include sprains/strains of knee and leg, sprains/strains lumbar and tear of medial cartilage or meniscus of knee. Treatments to date include MRI testing, injections, modified work duty and prescription pain medications. The injured worker continues to experience right knee pain as well as low back pain. Upon examination, gait is slow with a slight limp. There is pain with motion of the knee and mild crepitus is noted. A request for Norco 10/325 mg Qty 20 (retrospective dispensed 3/30/15) and Lidoderm 5% patches, 1 box Qty 15, (retrospective dispensed 3/30/15) was made by the treating physician.

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 20 (retrospective dispensed 3/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in September 2012 and continues to be treated for low back and right knee pain. When seen, pain was rated at 10+/10. She was using a back brace. Hip replacement surgery had been recommended. No physical examination findings were recorded. Lidoderm and Norco were refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Lidoderm 5% patches, 1 box Qty 15, (retrospective dispensed 3/30/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in September 2012 and continues to be treated for low back and right knee pain. When seen, pain was rated at 10+/10. She was using a back brace. Hip replacement surgery had been recommended. No physical examination findings were recorded. Lidoderm and Norco were refilled. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.