

<b>Case Number:</b>	CM15-0143299		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/04/2007
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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:

The injured worker is a 67 year old female who sustained an industrial/work injury on 5-4-07. She reported an initial complaint of pain to face, neck, right leg, and knee. The injured worker was diagnosed as having lumbar sprain, tear of lateral meniscus of knee, and chronic pain syndrome. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of neck, low back, and bilateral knee pain rated 3 out of 10 with medication and 8 out of 10 without. Per the primary physician's report (PR-2) on 3-24-15, exam notes negative straight leg raise, right knee valgus stress test positive, decreased right knee range of motion, tenderness with palpation diffusely over the right knee, and antalgic gait with use of a cane. The requested treatments include Outpatient urine drug screen and Lidoderm 5% patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant has a remote history of a work injury occurring and May 2007 and continues to be treated for neck, low back, and bilateral knee pain. Medications have included Butrans and Norco. When seen, medications were decreasing pain from 8/10 to 3/10. Physical examination findings included decreased and painful right knee range of motion with stiffness and diffuse tenderness. There was an antalgic gait with use of a cane. Urine drug screening had been performed in January 2015. In March 2015 the results had been consistent with the medications being prescribed. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that were inconsistent with the claimant's prescribed medications. This request for urine drug screening less than one year after the previous testing is not medically necessary.

**Lidoderm 5% patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring and May 2007 and continues to be treated for neck, low back, and bilateral knee pain. Medications have included Butrans and Norco. When seen, medications were decreasing pain from 8/10 to 3/10. Physical examination findings included decreased and painful right knee range of motion with stiffness and diffuse tenderness. There was an antalgic gait with use of a cane. Urine drug screening had been performed in January 2015. In March 2015 the results had been consistent with the medications being 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 medically necessary.