

Case Number:	CM15-0163622		
Date Assigned:	08/31/2015	Date of Injury:	07/03/2013
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

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
 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:

This injured worker is a 73 year old male who reported an industrial injury on 7-3-2013. His diagnoses, and or impressions, were noted to include: left knee sprain-strain; and left knee meniscus tear. The history noted presence of an aorta coronary bypass graft (11-2014). No current imaging studies were noted. His treatments were noted to include: heat therapy; trans-cutaneous electrical nerve stimulation unit therapy; medication management; and rest from work. The progress notes of 7-31-2015 reported a follow-up visit for left knee pain, and that his trans-cutaneous electrical nerve stimulation unit really helped with the reduction of pain, but had been stolen on 2-3-2015. Objective findings were noted to include obesity and stable vital signs. The physician's requests for treatments were noted to include the continuation of LidoPro cream for left knee pain; Omeprazole for gastrointestinal protection; Tylenol #3 for severe left knee pain; and a trans-cutaneous electrical nerve stimulation unit replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with left knee pain. The request is for LIDOPRO CREAM 121GM. Physical examination to the left knee on 04/02/15 revealed tenderness to palpation. Per Request For Authorization form dated 07/31/15, patient's diagnosis include knee sprain/strain, meniscus tear (tear), and CABG. Patient's medications, per 07/31/15 progress report include Tylenol #3, Lidopro Cream, and Omeprazole. Patient is not working. The MTUS Guidelines, pages 111 and 112, Topical Analgesic section, has the following: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Treater does not discuss this request. Review of the medical records provided indicate that the patient has received prescriptions for Lidopro Cream from 07/01/15 and 07/31/15. However, treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS only supports Lidopro in a patch formulation and not as an ointment, lotion, gel or other forms. Additionally, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested Lidopro cream contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore the request IS NOT medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with left knee pain. The request is for OMEPRAZOLE 20MG, #60. Physical examination to the left knee on 04/02/15 revealed tenderness to palpation. Per Request For Authorization form dated 07/31/15, patient's diagnosis include knee sprain/strain, meniscus tear (tear), and CABG. Patient's medications, per 07/31/15 progress report include Tylenol #3, Lidopro Cream, and Omeprazole. Patient is not working. MTUS Guidelines, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not document any gastrointestinal upset

or irritation. Review of the medical records indicate that the patient has utilized NSAIDS. However, there is no history of ulcers. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request Omeprazole 20 mg IS NOT medically necessary.

Tylenol #3 twice a day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with left knee pain. The request is for tylenol #3 twice a day as needed #60. Physical examination to the left knee on 04/02/15 revealed tenderness to palpation. Per Request For Authorization form dated 07/31/15, patient's diagnosis include knee sprain/strain, meniscus tear (tear), and CABG. Patient's medications, per 07/31/15 progress report include Tylenol #3, Lidopro Cream, and Omeprazole. Patient is not working. MTUS Guidelines criteria for use of opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater has not specifically addressed this request. The patient was prescribed Tylenol #3 from 03/11/15 through 07/31/15. However, treater has not discussed how Tylenol #3 decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS results, CURES reports, or opioid pain contracts were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Replacement TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with left knee pain. The request is for REPLACEMENT TENS UNIT. Physical examination to the left knee on 04/02/15 revealed tenderness to palpation. Per Request For Authorization form dated 07/31/15, patient's diagnosis include knee sprain/strain, meniscus tear (tear), and CABG. Patient's medications, per 07/31/15 progress report include Tylenol #3, Lidopro Cream, and Omeprazole. Patient is not working. MTUS guidelines, on page 116, Criteria For The Use Of TENS section require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. The treater has not discussed this request. Review of the medical records provided indicate that the patient has been utilizing a TENS unit at least since 03/11/15. The patient continues with pain in the left knee and the TENS unit appears to be beneficial. However, MTUS requires documentation of "how often the unit was used, as well as outcomes in terms of pain relief and function." The treater does not document functional improvement from the use of TENS. The request IS NOT medically necessary.