

<b>Case Number:</b>	CM15-0200493		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New Jersey

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 41-year-old male, with a reported date of injury of 03-26-2013. The diagnoses include status post right knee arthroscopy, right knee chondromalacia patellar, status post left knee arthroscopy times two, knee degenerative joint disease, and unspecified internal derangement of the knee. Treatments and evaluation to date have included Ibuprofen (since at least 02-2015), Lidoderm patch (since at least 02-2015), and Norco (since at least 02-2015). The diagnostic studies to date have included a urine drug screen on 04-02-2015 which was positive Hydrocodone, Norhydrocodone, and Hydromorphone. The progress report dated 09-17-2015 indicates that the injured worker complained of bilateral knee pain. It was noted that he took his pain medications as prescribed. The treating physician has advised the injured worker to wean off Ibuprofen within the following 2 months. The injured worker denied any adverse effects from his current pain medications. His current pain level was rated 6 out of 10; and on 06-25-2015, the injured worker's pain level was rated 5 out of 10. The physical examination showed moderate distress, an antalgic gait, clear speech, coherent thoughts, difficulty standing in one position, difficulty getting up from a seated position due to the knee pain, tenderness of the left knee, and limited range of motion. The treatment plan included the renewal of prescription for Norco, 1-2 tablets four times a day as needed, Ibuprofen, 1 tablet twice a day as needed, and Lidoderm patch, as needed. The treating physician indicates that the 4 A's for ongoing monitoring was monitored. The injured worker status was deferred to the primary treating physician. The injured worker has been instructed to return to modified work according to the progress report dated 09-09-2015. The treating physician requested Norco 10-325mg #240 with

two refills, Ibuprofen 600mg #60 with two refills, and Lidoderm 5% patch #60 with two refills. On 09-24-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #240 with two refills, Ibuprofen 600mg #60 with two refills, and Lidoderm 5% patch #60 with two refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #240 with 2 refills:** 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, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was used regularly leading up to this request, however, there was insufficient documentation found to show this full review had been completed recently in order to help justify the continuation of Norco. In particular, there was no mention of functional gains and pain level reduction related directly to the use of Norco. Also, refills of this medication which would surpass the need to last the worker 30-45 days, which was when the next appointment was suggested, is not needed. Therefore, this request is not medically necessary. Weaning may be indicated.

**Ibuprofen 600mg #60 with 2 refills:** 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 (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-

term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of ibuprofen use on a chronic basis leading up to this request. The provider mentioned that the worker should wean off of this medication after two months. The refill request was for a total of a three month supply, which doesn't correspond with this statement in the notes. Regardless, this medication should not need to be weaned and is not medically necessary or appropriate to use chronically as such due to significant side effect potential. Therefore, this request for ibuprofen is not medically necessary.

**Lidoderm 5% patch #60 with 2 refills:** 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, Lidoderm (lidocaine patch).

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was record of using lidocaine, but no mention was found of how effective this medication was for the worker's symptoms. Regardless, there was no found evidence of the worker having tried and failed first-line therapies prior to starting this medication, and the continuation of Lidoderm cannot be considered medically necessary at this time due to these factors. Also, refills of this medication which would surpass the need to last the worker 30-45 days, which was when the next appointment was suggested, is not needed. The request is not medically necessary.