

Case Number:	CM15-0205093		
Date Assigned:	10/22/2015	Date of Injury:	01/12/2012
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, California
 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:

This is a 55 year old female patient, who sustained an industrial injury on 1-12-12. She reported knee pain. The diagnoses include pain in joint of the lower leg and status post left knee medial meniscectomy in 2012. Per the doctor's note dated 9-29-15, she had left knee pain and reported 80% pain relief with the use of medications. She had tingling and numbness in the left knee. Per the treating provider, she had neuropathic pain. She had tried motrin but she reported stomach upset with it. Per the doctor's note dated 9-9-15, the patient complained of left knee pain with radiation to the left calf to the sole of the left foot and toes. The physical examination revealed antalgic gait. Per the doctor's note dated 7/1/15, the physical examination revealed normal range of motion of the left knee and medial joint line tenderness. The medications list includes Naproxen, Capsaicin cream, pantoprazole and Lidoderm patches. The patient had been taking Naproxen and using Capsaicin cream and Lidoderm patches since at least April 2015. She had left knee MRI on 2/8/2013. She has undergone multiple left knee surgeries including recent left knee arthroscopic partial meniscectomy on 9-15-14, left knee arthroscopic surgery in 2012. She had Hyalgan injections, physical therapy, a home exercise program, and medication. On 10-1-15 the treating physician requested authorization for retrospective Naproxen 550mg #90 and Capsaicin 0.75% cream 60mg #1 for the date of service 9-9-15. Other requests included Lidoderm patches 5% 700mg-patch #30 for the date of service 7-1-15. On 10-9-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg, #90 (DOS: 09/09/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Retrospective Naproxen 550mg, #90 (DOS: 09/09/2015). Naproxen is a NSAID. CA MTUS states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided the patient has chronic left knee pain with tenderness. The patient has history of multiple left knee surgeries. NSAIDs are considered first line treatment for pain and inflammation. The retrospective request of Naproxen 550mg, #90 (DOS: 09/09/2015) was medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Retrospective Capsaicin 0.75% cream 60mg, #1 (DOS: 09/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Capsaicin, topical (chili pepper/cayenne pepper).

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

Decision rationale: Retrospective Capsaicin 0.75% cream 60mg, #1 (DOS: 09/09/2015). The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury was not specified in the records provided. Intolerance to oral medication was not specified in the records provided. The Retrospective Capsaicin 0.75% cream 60mg, #1 (DOS: 09/09/2015) was not medically necessary for this patient.

Retrospective Lidoderm patch 5% (700mg/patch), #30 (DOS: 07/01/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

Decision rationale: Retrospective Lidoderm patch 5% (700mg/patch), #30 (DOS: 07/01/2015). According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsant and anti-depressant was not specified in the records provided. Intolerance to oral medications was not specified in the records provided. Evidence of post-herpetic neuralgia was not specified in the records provided. The Retrospective Lidoderm patch 5% (700mg/patch), #30 (DOS: 07/01/2015) was not medically necessary for this patient.