

Case Number:	CM15-0024246		
Date Assigned:	02/13/2015	Date of Injury:	09/01/2004
Decision Date:	04/02/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker was a 54 year old female, who sustained an industrial injury, September 1, 2004. The injured worker suffered cumulative injury to both knees, worse on the right than the left from repetitive activities of stair climbing associated with the supervising on the job. According to progress note of January 15, 2015 the injured workers chief complaint was bilateral knee pain the right being worse than the left. The injured worker rated the pain in the right knee at an 8 out of 10 and left knee a 7 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted tenderness of the right and left knees. The right knee had limited range of motion due to pain. The treating physician was questioning right knee prosthetic failure. The injured worker was diagnosed with status post right knee arthroplasty, osteoarthropathy of the left knee, Hydrocodone 7.5mg 2 times a day, Ibuprofen, Pantoprazole, Lidoderm patches and Ambien for sleep. The injured worker previously received the following treatments random toxicology laboratory studies, Hydrocodone (Norco) 7.5mg 2 times a day, Ibuprofen, Pantoprazole, Lidoderm patches and Ambien for sleep. January 5, 2015, the primary treating physician requested authorization for prescription for Lidoderm Patches 5% #2 boxes and 1 Urine drug screen. On January 17, 2015, the Utilization Review denied authorization for prescription for Lidoderm Patches 5% #2 boxes and 1 Urine drug screen. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anesthetics (Lidocaine batch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The 56 year old patient presents with right knee pain, rated at 8/10, and left knee pain at 7/10, as per progress report dated 01/15/15. The request is for Lidoderm patches 5% # 2 boxes. The RFA for this case is dated 01/05/15, and the patient's date of injury is 09/01/04. The patient is status post total right knee arthroplasty in April 2014, as per progress report dated 01/15/15. Medications included Hydrocodone, Pantoprazole, Ibufenoprofen, Ambien and Lidoderm patches. The patient has been diagnosed with left knee osteoarthopathy. The patient has been unable to return to work, as per progress report dated 09/23/14. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as pregabalin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Homeopathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a homeopathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch was first noted in progress report dated 11/18/14, and the patient has been using it consistently at least since then. In the same report, the treater states that "Lidoderm patches do help." However, the treater does not document specific increase in function or reduction in pain while discussing efficacy. Additionally, there is no indication of peripheral neuropathic pain for which the patch is indicated. Hence, the request IS NOT medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines May 2009; Opiates, steps to avoid misuse/addiction, Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The 56 year old patient presents with right knee pain, rated at 8/10, and left knee pain at 7/10, as per progress report dated 01/15/15. The request is for urine drug screen. The RFA for this case is dated 01/05/15, and the patient's date of injury is 09/01/04. The patient is status post total right knee arthroplasty in April 2014, as per progress report dated 01/15/15. Medications included Hydrocodone, Pantoprazole, Ibufenoprofen, Ambien and Lidoderm

patches. The patient has been diagnosed with left knee osteoarthropathy. The patient has been unable to return to work, as per progress report dated 09/23/14.MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders."In this case, the patient has been using Hydrocodone (an opioid) for "breakthrough pain." The patient underwent a urine toxicology screen on 07/22/14 which was consistent with opioid use. Two other UDS reports dated 09/23/14 and 11/18/14 have been provided for review. In progress report dated 09/23/14, the treater states that the patient is in high risk category. The patient has had "poor response to opioids in the past," and also has "depression." ODG guidelines recommend monthly UDS in high risk patients. Hence, the request IS medically necessary.