

Case Number:	CM15-0220587		
Date Assigned:	11/13/2015	Date of Injury:	10/15/1993
Decision Date:	12/23/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old female who sustained an industrial injury on 10-15-1993. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar spine degenerative disc disease and instability with spondylosis and bilateral lower extremity radiculitis, bilateral post-traumatic osteoarthritis associated with internal derangement of the knees and severe exogenous obesity. The injured worker is status post bilateral knee arthroscopy in 2000. According to the treating physician's progress report on 08-17-2015, the injured worker continues to experience lower back pain associated with bilateral leg pain with numbness and tingling, right side greater than left side and bilateral knee pain. Physical findings demonstrated a mildly right antalgic gait with a short stride, heel and toe walk performed with difficulty and moderate valgus deformity. The injured worker ambulates with a cane. Examination demonstrated tenderness over the lumbar spinous processes mainly at the lower levels and lumbosacral junction, paravertebral muscles, bilateral sacroiliac joints and over the sciatic nerves bilaterally. The bilateral lower extremity deep tendon reflexes were 1+ at the knees and unobtainable at the bilateral ankles. Motor strength was intact bilaterally without neurological deficits noted. Seated straight leg raise was positive at 70 degrees for low back pain and bilateral leg pain, left worse than right. The bilateral knee examination demonstrated minimal lateral tracking in extension without evidence of effusion present. There was mild to moderate patello-femoral crepitus bilaterally. Right knee range of motion was 0-121 degrees and left knee 0-111 degrees. There was medial patellar facet tenderness on the right knee and none on the left knee. Lateral patellar facet tenderness was present bilaterally. Apprehension test, Lachman, pivot shift, anterior and posterior drawer tests were negative bilaterally. Patellar compression test was moderately positive bilaterally. The collateral ligaments demonstrated trace plus medial laxity in 30 degrees of extension. The right knee noted moderate to severe medial joint line tenderness and

mild to moderate lateral joint line tenderness. The left knee noted moderate plus medial joint line tenderness and mild lateral joint line tenderness. Prior treatments have included diagnostic testing, pain management, multiple Synvisc injections bilaterally, cortisone injections to the bilateral knees, Intradiscal Electrothermic Therapy (IDET) at L4-L5, trigger point injection to the lower back, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, assistive devices for ambulation and medications. Current medications were listed as Norco (since at least 05-2015), Voltaren 75mg, Glucosamine Chondroitin and Lidoderm patches (since at least 06-2015). Treatment plan consists of continuing transcutaneous electrical nerve stimulation (TENS) unit and the current request for Norco 10mg-325mg #200, Lidoderm patches 5%, quantity unspecified and Glucosamine Chondroitin, quantity unspecified. On 11-02-2015 the Utilization Review modified the request for Norco 10mg-325mg #200 to Norco 10mg-325mg #180 and determined the requests for Lidoderm patches 5%, quantity unspecified and Glucosamine Chondroitin, quantity unspecified were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/17/15. Therefore, the prescription is not medically necessary.

Lidoderm patches 5%, quantity unspecified, Qty 1: 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).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 8/17/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore, the request is not medically necessary.

Glucosamine Chondroitin, quantity unspecified, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, states, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). A randomized, double blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. Another RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification." In this case there is lack of evidence of knee osteoarthritis from the exam note of 8/17/15 demonstrating knee osteoarthritis. Therefore, the request is not medically necessary.