

Case Number:	CM15-0037733		
Date Assigned:	03/06/2015	Date of Injury:	02/05/2009
Decision Date:	04/17/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 54-year-old female who sustained an industrial injury to the left knee on February 5, 2009. There was no mechanism of injury documented. The injured worker was diagnosed with osteoarthritis left knee, and mild degenerative changes of the right knee. The injured worker underwent total knee replacement in November 2014. According to the primary treating physician's progress report on January 12, 2015, the injured worker reports decreased pain level in the left knee with sensitivity to certain fabrics anteriorly. Back and hip pain was decreased and injured worker reports sleeping better. The injured worker has transitioned to a cane. Examination of the left knee notes mild swelling, warmth and mild hypertrophy of the scar. Current medications consist of Percocet. Treatment modalities consist of physical therapy postoperatively and home exercise program. On January 27, 2015, the Utilization Review denied certification for Lidoderm patches 5% quantity 30 and Duexis quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted in the MTUS guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. The injured worker's complaints do not constitute localized peripheral pain of a neuropathic nature. There is also no indication that the patient has had a trial of first-line therapy such as antidepressants, gabapentin, or Lyrica. The guidelines state that lidocaine is not recommended for non-neuropathic pain. The request for Lidoderm patches 5% quantity 30 is not medically necessary.

Duexis quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Duexis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Duexis (ibuprofen & famotidine).

Decision rationale: According to the Official Disability Guidelines, Duexis (ibuprofen & famotidine) is not recommended as a first-line drug. ODG notes that Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. ODG specifically states that with less benefit and higher cost, using Duexis as a first-line therapy is not justified. The medical records do not support the request for Duexis. While using a first line non-steroidal anti-inflammatory medication and first line proton pump inhibitor may be supported if the injured worker is at a high risk for gastrointestinal events, the request for a combination medication is not supported.