

Case Number:	CM15-0041037		
Date Assigned:	03/11/2015	Date of Injury:	04/13/2003
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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 is a 62-year-old female, who sustained an industrial injury on 04/13/2003. She reported pain in the neck, upper back, and lower back. The injured worker was diagnosed as having chronic intractable right knee pain; chronic left knee pain; chronic left shoulder pain; chronic right shoulder pain; chronic cervical pain with cervical spinal stenosis; chronic thoracic myofascial pain; and chronic lumbar back pain. Treatment to date has included medications, electric scooter, and multiple surgical interventions. Medications have included Norco, Lidoderm patches, and Pennsaid 2% solution. A progress note from the treating provider, dated 01/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the neck, right shoulder, upper back, lower back, and bilateral knees. Objective findings included tenderness in the bilateral knees, right greater than left; swelling in the right knee; crepitus in the left knee; tenderness of the right shoulder rotator cuff; supraspinatus and infraspinatus tenderness bilaterally; and paracervical, parathoracic, paralumbar, sacroiliac, and trochanteric tenderness. The treatment plan of care included the continuation of prescription medications as the injured worker has pain relief and improved function with pain medication. Request is being made for Lidoderm patches #90 (3 boxes with 3 refills); and Norco 10/325 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #90 (3 boxes with 3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Pain Outcomes and Endpoints Page(s): 56-57, 8-9.

Decision rationale: The 2/13/15 Utilization Review letter states the Lidoderm Patches #90 (3 boxes with 3 refills) requested on the 1/19/15 medical report was denied because the patient has been prescribed long-term use of Lidoderm patches, but there is no documentation that the patient failed first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). According to the 1/19/15 medical report, the patient presents with neck, back and shoulder pain, also pain in both knees. The diagnoses includes: Diabetes mellitus type 2; chronic right knee pain s/p TKA revision on 3/7/11; chronic left knee pain s/p partial replacement on 6/13/11; chronic left shoulder pain, s/p left shoulder surgery with residual adhesive capsulitis and rotator cuff tear; chronic right shoulder pain from a fall in mid Jan. 2007 secondary to medications she was taking for the work injury of 4/13/2003; chronic cervical pain with cervical spinal stenosis; chronic thoracic myofascial pain; chronic lumbar pain; morbid obesity; s/p dysmenorrhea unknown etiology; s/p GI related chest pain; s/p right ankle fracture from 12/22/08; s/p cholecystectomy 6/3/10; hypothyroidism; history of normal chest x-ray and normal MRI; s/p UTI with hospitalization 8/16/11; s/p abdominal CT with left adrenal gland nodule; ongoing need for dental prophylaxis from hardware placed in her knees on an industrial basis; hypercholesterolemia; chronic bilateral lower extremity cramps. MTUS Chronic Pain Medical Treatment Guidelines, pages 56-57 for Lidoderm (lidocaine patch) state "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 Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The earliest available report that shows use of Lidoderm patches is dated 7/10/14. A record review report from 6/26/14 shows that on 7/7/2005, the patient was using amitriptyline, a TCA. The patient has tried first-line therapy. And has been using Lidoderm patches since 2005. The MTUS guidelines also state, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." There is no recent discussion of functional improvement with use of the Lidoderm patches. MTUS does not recommend continued treatment without functional improvement. The request for Lidoderm Patches #90 (3 boxes with 3 refills) is not medically necessary.

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The 2/13/15 Utilization Review letter states the Norco 10/325mg #180 requested on the 1/19/15 medical report was denied because prior utilization reviewers had recommended weaning. The reviewer states the patient did not get refills of Norco in August, September and October, and there was no evidence of increased pain or disability. The reviewer speculates that the patient did not take Norco in these months, and since the pain did not increase, the medication is not helping. According to the 1/19/15 medical report, the patient presents with neck, back and shoulder pain, also pain in both knees. The diagnoses includes: Diabetes mellitus type 2; chronic right knee pain s/p TKA revision on 3/7/11; chronic left knee pain s/p partial replacement on 6/13/11; chronic left shoulder pain, s/p left shoulder surgery with residual adhesive capsulitis and rotator cuff tear; chronic right shoulder pain from a fall in mid Jan. 2007 secondary to medications she was taking for the work injury of 4/13/2003; chronic cervical pain with cervical spinal stenosis; chronic thoracic myofascial pain; chronic lumbar pain; morbid obesity; s/p dysmenorrhea unknown etiology; s/p GI related chest pain; s/p right ankle fracture from 12/22/08; s/p cholecystectomy 6/3/10; hypothyroidism; history of normal chest x-ray and normal MRI; s/p UTI with hospitalization 8/16/11; s/p abdominal CT with left adrenal gland nodule; ongoing need for dental prophylaxis from hardware placed in her knees on an industrial basis; hypercholesterolemia; chronic bilateral lower extremity cramps. There is an orthopedic QME dated 2/9/05 and it was noted that the patient had been prescribed Vicodin and Soma for a long time and it was recommended to taper off as it was increasing the patient's depression. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment, CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids (6-months or more)" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term, has not been met. Based on the available reports, the request for Norco 10/325mg #180 is not medically necessary.