

Case Number:	CM15-0041781		
Date Assigned:	03/12/2015	Date of Injury:	02/27/2007
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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: Arizona, 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 60 year old female, who sustained an industrial injury on 2/27/07. She reported low back and bilateral knee pain. The injured worker was diagnosed as having lumbosacral strain/arthrosis, discopathy with spondylolisthesis L4 on L5, status post lumbar spine surgeries, bilateral knee severe degenerative arthrosis, sleep disturbance and obesity. Treatment to date has included physical therapy, home exercise program, spinal surgeries and oral and topical medications. Currently, the injured worker complains of bilateral knee pain with left knee greater than right. On physical exam, mild effusion in bilateral knees is noted with lower extremity edema bilaterally, tenderness to palpation in bilateral knees, decreased range of motion of bilateral knees and ambulates with an antalgic gait. The treatment plan included refill of Lidoderm 5% patches, hydrocodone 10/325, continuation of home exercises and weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #1 box with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. The claimant remained on oral analgesics. The request for continued and prolonged use with additional 1-month refill of Lidoderm patches as above is not medically necessary.

Hydrocodone 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Tylenol with codeine for several months without documentation of pain scores. Recent progress notes mentioned attempt at weaning Hydrocodone but a weaning schedule or protocol was not noted nor a tapering of medication. The continued use of Hydrocodone is not medically necessary.