

<b>Case Number:</b>	CM15-0046241		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64-year-old female who reported an injury on 07/05/2012. The mechanism of injury was not provided. She is diagnosed with bilateral knee osteoarthritis. Her past treatments were noted to include surgery, physical therapy, and medications. Her symptoms include bilateral knee pain. Physical examination reveals decreased tenderness and edema of the right knee with decreased range of motion. She was also noted to have crepitation in the bilateral knees. Her medications included lidocaine 5% ointment to be applied twice a day to the affected area, Norco 10/325 mg every 4 to 6 hours as needed for pain, tramadol 50 mg 3 times a day for pain, ibuprofen 800 mg 3 times a day, lidocaine 5% patches for 12 hours every day, Zofran 4 mg every 12 hours as needed, and omeprazole 40 mg daily. Treatment plan included refills of her tramadol and Norco. Requests were received for tramadol, hydrocodone/APAP, lidocaine 5% pad, and lidocaine 5% ointment. However, a rationale for these requests was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Usage of Lidocaine 5% ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical lidocaine is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain. The guidelines specifically state that no other commercially approved topical formulations of lidocaine to include creams, lotions, and gels are indicated for neuropathic pain. The clinical information submitted for review indicated that the injured worker has bilateral knee pain from osteoarthritis. However, there was no evidence to support significant neuropathic pain to warrant use of topical lidocaine. In addition, the guidelines state formulations of lidocaine other than the Lidoderm patch are not recommended for use. Therefore, the request for lidocaine ointment is not supported. In addition, the request as submitted did not include a frequency and quantity. For these reasons, the request is not medically necessary.

**Usage of Lidocaine 5% pad #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The California MTUS Guidelines state Lidoderm patches are FDA approved for postherpetic neuralgia; however, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In addition, the guidelines state that Lidoderm patches are not a first line treatment. The clinical information submitted for review indicates that the injured worker has bilateral knee pain from osteoarthritis. However, there was no documentation to support that she has significant neuropathic pain or specifically, postherpetic neuralgia. Therefore, use of lidocaine patches is not warranted. In addition, the request as submitted did not include a frequency.

**Usage of Hydroco/APAP 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, opioid medications require frequent monitoring with detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects prior to continuing use. The clinical information submitted for review indicated that the injured worker has been utilizing the requested opioid medication for pain relief. The specific duration of use was not provided. However, she was noted to have been given a refill at her appointment on 12/04/2014 indicating previous use. The

submitted documentation failed to provide evidence of significant pain relief with documentation of numeric pain scales before and after use of this medication. In addition, there was no documentation of specific functional improvement with the use of this medication, and the documentation did not address whether the injured worker has had a significant adverse side effects or aberrant behavior. Moreover, the documentation did not include a recent urine drug screen report with consistent results to verify appropriate medication use. Further, the 03/06/2015 follow-up note states that the injured worker needed a drug screen as she had failed 1 on 02/14/2015. Therefore, details are needed regarding this noted inconsistent result on a urine drug screen prior to considering continued use of opioid medications. For these reasons, the requested medication is not medically necessary.

**Usage of Tramadol HCl 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, opioid medications require frequent monitoring with detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects prior to continuing use. The clinical information submitted for review indicated that the injured worker has been utilizing the requested opioid medication for pain relief. The specific duration of use was not provided. However, she was noted to have been given a refill at her appointment on 12/04/2014 indicating previous use. The submitted documentation failed to provide evidence of significant pain relief with documentation of numeric pain scales before and after use of this medication. In addition, there was no documentation of specific functional improvement with the use of this medication, and the documentation did not address whether the injured worker has had a significant adverse side effects or aberrant behavior. Moreover, the documentation did not include a recent urine drug screen report with consistent results to verify appropriate medication use. Further, the 03/06/2015 follow-up note states that the injured worker needed a drug screen as she had failed 1 on 02/14/2015. Therefore, details are needed regarding this noted inconsistent result on a urine drug screen prior to considering continued use of opioid medications. For these reasons, the requested medication is not medically necessary.