

<b>Case Number:</b>	CM15-0080193		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Massachusetts

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 58 year old female, who sustained an industrial injury on 10/17/2005 when she slipped and fell on her buttocks. Since that time her back and knees have hurt. Treatment to date has included medications, back and knee injections, back and knee surgery and physical therapy. Medications tried included non-steroidal anti-inflammatory drugs, muscle relaxants, opiates and selective serotonin reuptake inhibitors. Medical history included diabetes and hypertension. According to a progress report dated 03/30/2015, the injured worker complained of pain in the lower back and bilateral knee. Pain was rated 6 on a scale of 1-10. Diagnoses included right knee degenerative joint disease, post-laminectomy pain syndrome and chronic post-op pain. Treatment plan included MRI of the lumbar spine, discontinue Norco and Flexeril, start Percocet and Baclofen and obtain urine drug screen. Currently under review is the request for Percocet and Lidoderm patches 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg quantity 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for low back and bilateral knee pain. Treatments have included lumbar surgery and a left total knee replacement and she is considering undergoing a right total knee replacement. When seen, medications included Norco at a total MED (morphine equivalent dose) of 30 mg per day with suboptimal pain relief. Pain was rated at 8/10. Physical examination findings included positive straight leg raising and muscle spasms. Norco was switched to Percocet at a total MED of 60 mg per day. Urine drug testing was ordered. In terms of medications, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking due to her history of injury and bilateral knee problems. Percocet 10/325 is a short-acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management as Norco was not providing adequate pain relief. The total MED is less than 120 mg per day consistent with guideline recommendations and represents an increase compared with the Norco that had been prescribed. Therefore, the prescribing of Percocet 10/325 was medically necessary.

**Lidoderm patches 5% quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for low back and bilateral knee pain. Treatments have included lumbar surgery and a left total knee replacement and she is considering undergoing a right total knee replacement. When seen, medications included Norco at a total MED (morphine equivalent dose) of 30 mg per day with suboptimal pain relief. Pain was rated at 8/10. Physical examination findings included positive straight leg raising and muscle spasms. Norco was switched to Percocet at a total MED of 60 mg per day. Urine drug testing was ordered. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. For localized peripheral pain, a topical non-steroidal anti-inflammatory medication can be considered. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.