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| Case Number: | CM14-0172435 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 02/19/2009 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 19, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; earlier knee surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 3, 2014, the claims administrator failed to approve a request for Norco, Lidoderm, and tizanidine. The applicant's attorney subsequently appealed. On the IMR application dated October 17, 2014, however, the applicant's attorney seemingly appealed only the Lidoderm and Norco denials. In a progress note dated September 11, 2014, the applicant reported ongoing complaints of chronic knee pain, ranging from 6-7/10. The applicant was having difficulty with prolonged standing, prolonged walking, kneeling, bending, and lifting. The applicant stated that she was avoiding performing household chores, doing yard work, and doing shopping, owing to ongoing pain complaints. The applicant's medication list included Claritin, Dilaudid, Fioricet, Flexeril, Ativan, melatonin, methyl dopa, Norco, Prilosec, phentermine, and Phenergan, it was acknowledged. In other sections of the note, it was stated that the applicant was working on a full-time basis as a unit clerk. The applicant stated that she had a variety of comorbidities, including endometriosis. The applicant's BMI was 29. The applicant was reportedly using Dilaudid two to three times weekly, Flexeril twice daily, and Norco once daily. It was stated that the combination of medications was reportedly effective in ameliorating the applicant's pain complaints. The note was very difficult to follow and mingled current findings with historical complaints. In a September 25, 2014 progress note, the applicant again presented with ongoing complaints of knee pain. Lidoderm, Norco, and tizanidine were renewed. In a deposition dated

November 19, 2013, the applicant suggested that she had been terminated by her former employer, Sutter Delta Medical Center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Lidoderm 5% patch #15 with 2 refills: 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 Lidocaine section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was/is no mention of antidepressant adjuvant medication failure and/or anticonvulsant adjuvant medication failure prior to selection and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request is not medically necessary.

Prospective use of Norco 10/325mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic, Opioids, Ongoing Management section Page(s): 80, 78.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid therapy on the September 11, 2014 office visit, referenced above. On that office visit, the attending provider posited that the applicant was avoiding exercises, avoiding performing household chores, avoiding doing shopping, avoiding doing yard work, and was having difficulty performing activities of daily living as basic as standing, walking, kneeling, bending, and squatting. While the attending provider did report on September 11, 2014 that the applicant was working full time, this was seemingly contravened by the applicant's statement on a deposition of November 19, 2013 to the effect that she had been terminated by her employer. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioid should be employed to improve pain and function. In this case, it has been suggested that the applicant is using two separate short-acting opioids, Norco and Dilaudid. No

compelling case has been made for provision of two separate short-acting opioid agents. Therefore, the request is not medically necessary.