

Case Number:	CM15-0013165		
Date Assigned:	01/30/2015	Date of Injury:	05/18/2007
Decision Date:	03/26/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/22/2015

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 57 year old female, who sustained an industrial injury on 5/18/07. The injured worker has complaints of neck, mid back, lower back and knee pain. She uses topical creams and patches as well as oral medications for her pain. She used lidoderm patch, medrox cream and ultracet. Magnetic Resonance Imaging (MRI) of the left knee showed fairly large popliteal cyst in the left knee and osteoarthritis of the knee. The impression was listed as chondromalacia of the patella with patella arthropathy and osteoarthritis of the knee. According to the utilization review performed on 1/21/15, the requested Retrospective request for Lidoderm patch 5% DOS 11/24/14 and Retrospective request for Medrox ointment with patches DOS 11/24/14 has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics was used. There was no documentation of localized peripheral pain after here had been evidence of failure of a trial of first-line therapy and Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatment", that had not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm patch 5% DOS 11/24/14: 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 Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The 57 year old patient presents with pain in lower back and bilateral legs, as per progress report dated 11/24/14. The request RETROSPECTIVE REQUEST FOR LIDODERM PATCH 5% DOS 11/24/14. There is no RFA for this case, and the patient's date of injury 05/18/07. Medications, as per progress report dated 11/24/14, included Lidoderm patch, Medrox ointment, Losartan, Effexor, Metformin, Cozaar and Prilosec. The patient is status post total right knee replacement. Diagnoses included industrial low back pain, industrial slip and fall injury, post-traumatic knee osteoarthritis, left knee osteoarthritis, lumbar degenerative disc disease. As per progress report dated 05/13/14, the patient complains of neck, mid back, lower back, and knee pain, rated at 5/10. MRI of the left knee, dated 02/09/12 and reviewed in progress report dated 02/25/13, revealed severe patellofemoral chondromalacia and osteoarthritis, mild medial femoral chondromalacia, and tricompartmental osteophytosis. The patient's work status is not documented in the progress reports. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch is first noted in progress report dated 09/22/14, and the patient has been using the patch consistently at least since then. In progress report dated 11/24/14, the treater states that topical interventions seem to help moderate her discomfort with allowing her to participate in her activities of daily living which include walking, standing, performing household chores and activities. While the treater uses general statements to document the efficacy of the topical medications which include both Lidoderm patch and Medrox cream, there is no diagnosis of neuropathy for which the Lidoderm patch is generally indicated. Hence, the request IS NOT medically necessary.

Retrospective request for Medrox ointment with patches DOS 11/24/14: 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 analgesic Page(s): 111-113.

Decision rationale: The 57 year old patient presents with pain in lower back and bilateral legs, as per progress report dated 11/24/14. The request RETROSPECTIVE REQUEST FOR MEDROX OINTMENT WITH PATCHES DOS 11/24/14. There is no RFA for this case, and the patient's date of injury 05/18/07. Medications, as per progress report dated 11/24/14, included

Lidoderm patch, Medrox ointment, Losartan, Effexor, Metformin, Cozaar and Prilosec. The patient is status post total right knee replacement. Diagnoses included industrial low back pain, industrial slip and fall injury, post-traumatic knee osteoarthritis, left knee osteoarthritis, lumbar degenerative disc disease. As per progress report dated 05/13/14, the patient complains of neck, mid back, lower back, and knee pain, rated at 5/10. MRI of the left knee, dated 02/09/12 and reviewed in progress report dated 02/25/13, revealed severe patellofemoral chondromalacia and osteoarthritis, mild medial femoral chondromalacia, and tricompartmental osteophytosis. The patient's work status is not documented in the progress reports. Regarding Capsaicin, MTUS guidelines state that they are recommended only as an option in patients who have not responded or are intolerant to other treatments. Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox ointment contains methyl salicylate, menthol and capsaicin. The first prescription for the topical formulation was noted in progress report dated 09/22/14. The patient has been using the ointment consistently since then. In progress report dated 11/24/14, the treater states that topical interventions seem to help moderate her discomfort with allowing her to participate in her activities of daily living which include walking, standing, performing household chores and activities. While the treater uses general statements to document an impact on pain and function, the treater does not discuss why the ointment was chosen over other topical formulations. Additionally, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. The Guidelines also state clearly that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.