

Case Number:	CM15-0114646		
Date Assigned:	06/22/2015	Date of Injury:	08/20/2003
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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 8/20/2003. She reported pain in her back and her knees due to falling. Diagnoses have included degeneration of lumbar/lumbosacral disc, lumbago and pain in lower leg joint. Treatment to date has included physical therapy, Synvisc injection to the knee and medication. According to the progress report dated 5/15/2015, the injured worker complained of chronic back and bilateral knee pain. She reported that Lidoderm patches had been helpful to reduce her pain by about fifty percent locally. The combination of all her medications reduced her pain from 8.5/10 to 2-3/10 on the visual analog scale (VAS). Authorization was requested for Norco and topical Lidoderm for date of service 5/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidoderm 5% (700mg); one patch (12h on, 12h off) qty: 30 with 1 refill (DOS 05/15/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) p 56-57 (2) Topical Analgesics, p 111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2003 and continues to be treated for chronic back and bilateral knee pain. Medications are referenced as decreasing pain from 8.5/10 to 2-3/10. Physical examination findings have included an antalgic gait with decreased lumbar spine and right knee range of motion with tenderness and knee crepitus with decreased left lower extremity strength. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of less than 40 mg per day. 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. 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. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm is not medically necessary.

Retrospective Norco 10/325mg; one tab q6h qty: 111 (DOS 05/15/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

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

Decision rationale: The claimant has a remote history of a work injury occurring in August 2003 and continues to be treated for chronic back and bilateral knee pain. Medications are referenced as decreasing pain from 8.5/10 to 2-3/10. Physical examination findings have included an antalgic gait with decreased lumbar spine and right knee range of motion with tenderness and knee crepitus with decreased left lower extremity strength. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of less than 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.