

Case Number:	CM15-0116031		
Date Assigned:	06/24/2015	Date of Injury:	04/28/1999
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 59 year old female who sustained an industrial injury on April 28, 1999. She reported right gluteal and right knee pain. The injured worker was diagnosed as having osteoarthritis, right hip degenerative joint disease and status post right knee surgeries. Treatment and evaluation to date has included diagnostic studies, radiographic imaging, surgical intervention of the right knee, physical therapy, multiple cortisone injections to the right knee, Synvisc injections to the right knee, unloader brace, a trochanteric bursa injection, medications and work restrictions. Currently, the injured worker complains of continued pain in the right hip, right gluteal and right knee. The injured worker reported an industrial injury in 1999, when she tripped, twisted her right knee and hit a stool resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 20, 2014, revealed continued pain as noted. A well-healed anterior wound was noted. It was recommended that she use judicious amounts of anti-inflammatory medications as needed. It was noted she had fair results from previous knee surgery and some symptomatic benefit with previous greater trochanteric injection. Evaluation on December 22, 2014, revealed diffuse pain in the right knee, improved since surgery, no effusion and continued right hip and gluteal pain. Evaluation on February 6, 2015, revealed continued end range pain while performing range of motion exercises. Evaluation on May 4, 2015, revealed continued stiffness in the right knee but it is noted that she is functionally stable. Home exercises were continued. Work status was noted as permanent and stationary. Norco 10/325 #60, Keflex 500mg #10 and Lidoderm 5% patch #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. The treating physician has not discussed the components of a treatment plan in accordance with the MTUS guidelines. No detailed pain assessment was submitted, and the progress note from May 2015 does not document any complaint of pain. The duration of use of norco and response to treatment were not discussed. There was no discussion of opioid contract or urine drug screening. As currently prescribed, norco does not meet the criteria for use of opioids as elaborated in the MTUS and is not medically necessary.

Keflex 500mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.gov/medlineplus/antibiotics.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cephalexin: drug information, Lexicomp In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Keflex is an antibiotic used for treatment of susceptible bacterial infections including skin and skin structure infections and bone infections. The treating physician has not specified the reason for prescription of Keflex, and has not specified the directions for use. There was no discussion of evaluation and treatment for infection for this injured worker. The physical examination showed a well-healed anterior wound, without discussion of any findings consistent with infection. Due to lack of documentation of specific indication, the request for keflex is not medically necessary.

Lidoderm 5% patch #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 Patch (Lidocaine Patch), topical analgesics Page(s): 56-57, 112-113.

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. The site of application and directions for use were not specified. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. Based on the documentation provided, Lidoderm 5% patch #30 is not medically necessary.