

Case Number:	CM15-0124073		
Date Assigned:	07/08/2015	Date of Injury:	01/19/2012
Decision Date:	08/05/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old female patient who sustained an industrial injury on 1/19/2012 resulting in right knee pain. The diagnoses include complex regional pain syndrome to the right lower extremity; status post right total knee replacement with ongoing pain and stiffness; arthrofibrosis; and, symptomatic osteoarthritis of the left knee secondary to altered gait. Per the doctor's note dated 6/30/2015, she had complaints of bilateral knee pain. The physical examination revealed right knee tenderness over the medial soft tissue, bilateral knee range of motion flexion 140 and extension 0 degrees; positive patellar compression test on the right side; right lower extremity CRPS examination- allodynia, hyperpathia, dysesthesias, stiffness, tremor and myofascial pain. The medications list includes celecoxib and gabapentin. She has undergone total right knee replacement. She has had physical therapy with no noted improvement and lumbar sympathetic block with 60% pain relief. The treating physician's plan of care includes Lidoderm 5%, Gabapentin 300 mg, and 12 weeks of physical therapy for bilateral knees. Work status at present is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 1 Q 12Hours on 12Hours off #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. "MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5% 1 Q 12Hours on 12Hours off #30 is not fully established for this patient.

Gabapentin 300mg 1 Q8Hrs #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 18-19 Gabapentin (Neurontin, Gabarone, generic available).

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. "Per the records provided patient has chronic bilateral knee pain with diagnosis of complex regional pain syndrome to the right lower extremity. Patient has also history of knee surgery. This is evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 300mg 1 Q8Hrs #90 is medically appropriate and necessary for this patient.

Physical Therapy 1 x week x 12 weeks for the Bilateral Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy - page 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Physical Therapy 1 x week x 12 weeks for the Bilateral Knee is not medically necessary for this patient at this time.