

<b>Case Number:</b>	CM15-0178542		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/27/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Arizona, 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 05-27-2014. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for left knee derangement, left patellofemoral syndrome, and left knee and hip osteoarthritis. Treatment and diagnostics to date has included left knee MRI and medications. Recent medications have included Norco (since at least 05-05-2015), Ibuprofen, LidoPro cream (since at least 05-05-2015), and Voltaren gel. Subjective data (07-15-2015 and 08-13-2015), included left knee pain rated 7 out of 10. Objective findings (08-13-2015) included tenderness to palpation to left ischial tuberosity and external rotators of left hip. The Utilization Review with a decision date of 08-25-2015 non-certified the request for LidoPro cream 121gm x 1 refill and Norco 5-325mg (one tablet by mouth twice a day as needed for severe pain) #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121 gm QTY 1 refill unspecified, for chronic left knee pain as outpatient:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidopro contains topical Lidocaine and NSAID. Lidocaine is 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). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did have arthritis but was on topical NSAIDS for over 6 months of varied types in combination with oral NSAIDS and opioids. Continued and chronic use is not medically necessary.

**Norco 5/325 mg (one tab by mouth, twice a day as needed for severe pain) QTY 60 refill unspecified, for chronic left knee pain as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with NSAIDs. Pain score reduction with use of medication was not provided. Long-term use is not indicated and continued use is not medically necessary.