

<b>Case Number:</b>	CM15-0049463		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: 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 male who reported an injury on 07/15/2009. The mechanism of injury was having his knee pads fall off his knees and a hot pipe burned his knees. The injured worker's diagnoses include bilateral knee pain, internal knee derangement, OA of knees, long-term use of medication and therapeutic drug monitoring encounter. The injured worker had a left knee arthroscopic meniscectomy on 03/04/2010. On 04/05/2010, the injured worker had a left knee MUA. On 09/09/2010, the injured worker had a left knee arthroscopic debridement and meniscectomy. On 11/26/2012, the injured worker had a left knee replacement. The clinical note from 02/05/2015 notes that the injured worker has severe pain that is interfering with sleep. The injured worker is unable to complete his ADLs due to pain. The pain is constant with sitting, standing and walking. The pain is exacerbated by cold weather. The patient uses a cane to ambulate. The physical exam notes that the injured worker has 5 + strength in the lower extremities. The range of motion of the right on flexion is 110 degrees and extension 170. The range of motion with flexion is 90 degrees on the left and extension 170 degrees. The injured worker has a swollen left anterior knee. The injured worker does have bilateral knee numbness. Documentation notes with his meds he is able to walk with a cane and do chores around the house and socialize with a moderate amount of pain. The urine drug screen that was received on 12/19/2014, notes that the injured worker had test results that were not expected based on prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Lidocaine Patches #30 (DOS 01/08/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The injured worker has bilateral knee pain with medications. The pain is severe and interferes with sleep. He is unable to do ADLs because of constant pain. The injured worker is suffering from depression and seeing a psychiatrist for sleep aid medication. The injured worker has decreased range of motion with normal strength. He has numbness in the bilateral knees. The injured worker was getting gastritis with oral NSAIDs. The urine drug screen from 12/19/2014 notes that there were unexpected results that are not expected with his prescribed medications. The California Medical Treatment Guidelines recommend the use of lidocaine patches for localized peripheral pain after there has been evidence of trial of first line therapy of tricyclic, SNRI antidepressants or an AED. There is no documentation that the injured worker has tried a first line therapy such as an antidepressant or an antiepileptic. Therefore, the request for retrospective lidocaine patches #30 is not medically necessary.

**Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-94.

**Decision rationale:** The injured worker has bilateral knee pain with medications. The pain is severe and interferes with sleep. He is unable to do ADLs because of constant pain. The injured worker is suffering from depression and seeing a psychiatrist for sleep aid medication. The injured worker has decreased range of motion with normal strength. He has numbness in the bilateral knees. The injured worker was getting gastritis with oral NSAIDs. The urine drug screen from 12/19/2014 notes that there were unexpected results that are not expected with his prescribed medications. The California Medical Treatment Guidelines recommend hydrocodone/acetaminophen or Norco for moderate to moderately severe pain. The injured worker has previously had a urine drug screen that noted test results that were not expected with the prescribed medications. The documentation notes that the injured worker has bilateral knee pain with his medications. There is no documentation that the injured worker's past opioid therapies have helped improve the injured worker's pain. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.

**Flurbiprofen Cream 20%, #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

**Decision rationale:** The injured worker has bilateral knee pain with medications. The pain is severe and interferes with sleep. He is unable to do ADLs because of constant pain. The injured worker is suffering from depression and seeing a psychiatrist for sleep aid medication. The injured worker has decreased range of motion with normal strength. He has numbness in the bilateral knees. The injured worker was getting gastritis with oral NSAIDs. The urine drug screen from 12/19/2014 notes that there were unexpected results that are not expected with his prescribed medications. The California Medical Treatment Guidelines note that topical NSAIDs are recommended for short-term use. The Official Disability Guidelines note that the only FDA approved topical NSAID is diclofenac. Since diclofenac is the only FDA approved topical NSAID, the request for Flurbiprofen cream 20% #2 is not medically necessary.

**MSSR 30mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-94.

**Decision rationale:** The injured worker has bilateral knee pain with medications. The pain is severe and interferes with sleep. He is unable to do ADLs because of constant pain. The injured worker is suffering from depression and seeing a psychiatrist for sleep aid medication. The injured worker has decreased range of motion with normal strength. He has numbness in the bilateral knees. The injured worker was getting gastritis with oral NSAIDs. The urine drug screen from 12/19/2014 notes that there were unexpected results that are not expected with his prescribed medications. The California Medical Treatment Guidelines note that morphine sulfate sustained release is used for patients with chronic pain who need continuous treatment. There is no documentation of the injured worker's pain assessment that includes the injured worker's average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The injured worker's previous urine drug screen on 12/19/2014 notes that there were not expected results with the prescribed medications. There is no documentation of side effects or the injured worker's functional status while on this medication. Therefore, the request for MSSR 30 mg #60 is not medically necessary.