

Case Number:	CM15-0063044		
Date Assigned:	04/08/2015	Date of Injury:	06/06/2010
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

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 50 year old female, who sustained an industrial injury on 06/06/2010. The initial complaints or symptoms included left elbow, left shoulder, and bilateral knee injuries. The injured worker was diagnosed as having left knee pain and swelling with possible ligamentous +/- meniscal injury status post left partial meniscectomy and medial femoral condyle debridement and plica excision. Treatment to date has included conservative care, medications, cortisone injections, conservative therapies, x-rays, MRIs, and electrodiagnostic testing. Currently, the injured worker complains of increased right knee and left shoulder pain with minimal relief noted from previous cortisone injection. The diagnoses include left partial medial meniscectomy, lateral femoral condyle debridement due to chondromalacia, left meniscus tear with possible popliteal cyst, left partial ACL tear with possible progression, left quad atrophy, right degenerative medial meniscus with possible tear, chondromalacia, low back pain, left partial rotator cuff tear, left shoulder impingement, left acromioclavicular pain, and left ulnar neuritis and carpal tunnel syndrome. The treatment plan consisted of continued conservative care, continued medications (Diclofenac gel, Norco (# 50 with 2 refills), Lidoderm patches, Norco (#30), and Mobic), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Gel 3% #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDS Page(s): 111 and 112.

Decision rationale: According to the MTUS guidelines, topical analgesics 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. Diclofenac gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this, case, the claimant did not have arthritis. The claimant had also been on Mobic. Topical NSAIDS can lead to systemic levels of NSAIDS similar to oral NSAIDs. There are diminishing effects after 2 weeks. The Diclofenac gel is not medically necessary.

Norco 5/325mg 1-2 tab Q8 PRN #50 refills: 2: 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): 82-92.

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 without consistent documentation of VAS scores. There was no indication of Tylenol failure. Advance refill without monthly monitoring is not recommended. The continued use of Norco is not medically necessary.

Lidoderm Pach 5% #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 82-92.

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. 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant had been on topical Lidoderm for several months in combination with topical Diclofenac. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.