

Case Number:	CM15-0091696		
Date Assigned:	05/18/2015	Date of Injury:	10/02/2008
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency 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(n) 42-year-old female, who sustained an industrial injury on 10/2/08. She reported pain in her right knee and lower back. The injured worker was diagnosed as having internal derangement of the right knee, status post right total knee replacement and discogenic lumbar condition with facet inflammation. Treatment to date has included physical therapy, LidoPro cream (since at least 2/2015), Tramadol, Norco, Oxycodone and Soma. As of the PR2 dated 3/10/15, the injured worker reports right knee pain. She is status post manipulation for her knee last week. Under anesthesia, the treating physician was able to manipulate the right knee from 165 degrees to 110 degrees. The injured worker has started physical therapy and is able to bend knee past 90 degrees. Objective findings include decreased range of motion. The treating physician requested Naproxen 550mg #60, AcipHex 20mg #30 and Lidoderm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: The request is for Naproxen, which is categorized as an NSAID anti-inflammatory medication. NSAIDs are indicated in certain instances based on the MTUS guidelines. The patient has been diagnosed with internal derangement of the right knee and underwent a right total knee replacement. She also has a discogenic lumbar condition with facet inflammation. Both these diagnosis would qualify for use of a medication in this class. Therefore, the request is medically necessary.

AcipHex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 68 of 127.

Decision rationale: The request is for Aciphex, which is a proton pump inhibitor medication. The MTUS guidelines state that it is indicated when using NSAIDs in certain instances. This requires that the patient is in the category of either high or intermediate risk of gastrointestinal disease. There is no documentation indicating that she would be categorized as such. Criteria used are as follows: "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." Therefore, the request is not medically necessary.

Lidoderm cream: 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 8 C.C.R. 9792.20-9792.26 Page(s): 112 of 127.

Decision rationale: The request is for Lidoderm cream, which is a topical anesthetic. Per the MTUS guidelines, the use of topical anesthetic treatment is indicated in certain instances. This includes neuropathic pain after a trial of first-line therapy. This would include tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. It is not recommended for non-neuropathic discomfort. There is inadequate documentation of a disease condition, which would qualify for such treatment. The guidelines state the following: "Lidocaine Indication: Neuropathic pain 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 lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic

neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)" Therefore, the request is not medically necessary.