

<b>Case Number:</b>	CM15-0096952		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65 year old female with an industrial injury dated 3/07/2011. The injured worker's diagnoses include chronic pain syndrome, knee/lower leg degenerative joint disease arthritis, lumbar degenerative disc disease, sacroiliac sprain/strain, unspecified internal derangement of knee, pelvic/thigh/hip degenerative joint disease, and lumbar spine radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported right hip and knee pain. Objective findings revealed moderate right peripatellar tenderness and right subtrochanteric bursa tenderness. The treating physician prescribed services for Percocet 5/325mg #60 with 1 refill and Lidoderm 5% (700mg/patch) #150 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Opioids, Weaning of Medications Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Percocet 5/325 mg #60 with 1 refill is not medically necessary. Per MTUS page 79, opioids for chronic pain are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) Continuing pain with evidence of intolerable adverse effects. (c) Decrease in functioning. (d) Resolution of pain. (e) If serious non-adherence is occurring. (f) The patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. The claimant has long-term use with this medication, and there was a lack of improved function or return to work with this opioid; therefore, the requested medication is not medically necessary.

**Lidoderm 5% (700mg/patch) #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of Lidoderm patches.

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

**Decision rationale:** Lidoderm 5% patches (700mg/patch) #150 are not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with radiculopathy, which is a non-neuropathic pain syndrome. Per CA MTUS topical analgesic such as Lidocaine is not medically necessary for non-neuropathic pain.