

Case Number:	CM14-0151458		
Date Assigned:	09/19/2014	Date of Injury:	07/29/2012
Decision Date:	11/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 21 year old female who was injured on 7/29/2012. The diagnoses are bilateral knee pain and status post right knee arthroscopy. There are associated diagnoses of insomnia, anxiety and depression. The past surgery history is significant for right knee arthroscopy and meniscectomy. On 7/24/2014, [REDACTED] noted subjective complaints of 4-6/10 pain score on a scale of 0 to 10. The patient reported significant decrease in pain and increase if range of motion following physical therapy. The physical therapy was not completed due to unavoidable family circumstances. The medications are Naproxen, Hydrocodone and topical Diclofenac/Lidocaine for pain. A Utilization Review determination was rendered on 8/27/2014 recommending non-certification for Hydrocodone/APAP 10/325mg #90 and topical cream Diclofenac 3%/Lidocaine 5% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP 10/325 mg) 1-2 Tablets PO Q8H Pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment or exacerbation of chronic pain that did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the patient reported significant pain relief following physical therapy. The physical therapy and NSAIDs treatment have not been fully utilized. The patient is utilizing multiple NSAIDs in both oral and topical formulation. There is no documentation of opioid compliance monitoring measures such as UDS, absence of aberrant behaviors and functional restoration. The criteria for the use of Hydrocodone/APAP 10/325mg 1-2 tablets Q 8 hours #90 was not met.

Diclofenac/Lidocaine Cream (3% / 5%) 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized pain did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the patient reported significant pain relief following physical therapy. The physical therapy and NSAIDs treatment have not been fully utilized. The patient is utilizing multiple NSAIDs in both oral and topical formulation. There is increased incidence of NSAID related renal, cardiovascular and gastrointestinal complications when multiple NSAIDs are utilized concurrently. Topical lidocaine is indicated as a second line option for the treatment of neuropathic pain. The criteria for the use of diclofenac 3%/lidocaine 5% 180gm was not met. The request is not medically necessary.