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| <b>Case Number:</b>   | CM14-0155605 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 11/08/2007 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 09/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2014 |

### 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 Internal Medicine and is licensed to practice in California. 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 IW is a 62-year-old woman who was struck by particleboard that she was dismantling. She sustained injury to both knees and lower back. Date of injury is November 28, 2007. She did not report the injury right away and continued working. On January 10, 2008, the IW reported the pain to her primary care physician. The injured worker (IW) was given a diagnoses of internal derangement of left knee, however, the handwritten note was somewhat hard to decipher. The treatment plan was unclear at that time. On April 17, 2008, the IW underwent diagnostic and operative arthroscopy of the right knee. The postoperative diagnosis was right knee sprain with Grade III and Grade IV chondromalacia of the right and lateral tibial plateau, lateral subluxation of the patella with chondromalacia of the patella Grade III and Grade IV, minimal tear of the internal rim of the posterior horn of the lateral meniscus and anterior horn of the lateral meniscus, as well as the internal rim of the anterior horn of the medial meniscus, and chronic synovitis. On April 30, 2009, the IW was given her first Synvisc Injection through the lateral retinaculum. On May 8, 2009, the claimant was given her second Synvisc Injection through the lateral retinaculum. She had no pain relief. On January 21, 2011, the IW underwent left knee arthroscopy. The postoperative diagnosis was of left knee chondromalacia with medial plica. The IW is being treated for the diagnoses of old bucket medial meniscus tear, dysthymic disorder, and sacrum disorders. On August 4, 2014, the claimant was seen for routine follow-up. The IW complains of constant severe pain in her low back and bilateral knees. Her gait is impaired and there is slight swelling in both knees. Her gait is impaired and there is slight swelling in both knees. The IW states that Lidoderm patch and Norco are effective in managing her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California MTUS requires documentation that consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects . . . for patients on chronic opioid therapy". Documentation does not identify or reflect measurable analgesic benefit with the use of opioids and there is no documentation of functional/vocational benefit with its ongoing use. There is no documentation of urine drug screen performed to monitor compliance and to screen for unusual behavior. Lastly, there was no documentation of assigned opiate agreement. Chronic ongoing opiate use is not supported in the current clinical settings based on the lack of documentation in the medical record. Based on the clinical information in the medical record and the peer review, evidence-based guidelines Norco 10/325#120 is not medically necessary.

**Lidoderm patch #30:** 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS regarding topical analgesics states topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. These drugs are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants failed. The injured worker's medical records do not show a trial of antidepressants and anticonvulsants. The guidelines also indicate that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclics, antidepressants or an AED such as gabapentin or lyrica). Topical lidocaine, and the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Based on the clinical information in the medical record and the evidence-based peer-reviewed guidelines Lidoderm is not medically necessary.