

<b>Case Number:</b>	CM13-0018511		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 physician 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 was a 28 year old female with bilateral knee pain secondary to bilateral tear of the posterior horn of the medial meniscus. Patient was not a surgical candidate. The patient participated in physical therapy with unknown outcome. The patient has continued bilateral knee pain which is managed with restricted activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch SIG: # 60 refills 2 quantity 2.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesic Page(s): 56-112.

**Decision rationale:** The request for Lidoderm 5% patch #60 refills 2 quantity 2.00 is non-certified. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the use of Lidocaine patches for the use of neuropathic pain when there has been evidence of a trial of first-line therapy. The patient had Cymbalta prescribed. However, there was no documentation submitted for review consistent with objective findings of neuropathic pain. As well as, no documentation provided with objective finding of therapeutic/ non-therapeutic results of first-

line therapy. Given the information provided the request for Lidoderm 5% patch #60 refills 2 quantity 2.00 is non-certified.

**Pennsaid 1.5% Solution 2 refills 2 quantity 1.00:** Upheld

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

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

**Decision rationale:** The request for Pennsaid 1.5% solution 2 refills 2 quantity 1.00 is non-certified. The patient has chronic knee pain resulting from bilateral tear of the posterior horn of the medial meniscus. California Medical Treatment Utilization Schedule( MTUS) guidelines recommend the use of topical Nonsteroidal anti-inflammatory drugs (NSAIDs) for the treatment of osteoarthritis and tendinitis, in particular, that of the knee. The patient has no documentation submitted for review supporting treatment guidelines recommendations. Given the information provided for review the request for Pennsaid 1.5% solution 2 refills 2 quantity 1.00 is non-certified.