

Case Number:	CM13-0020695		
Date Assigned:	06/06/2014	Date of Injury:	10/06/2004
Decision Date:	10/15/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/05/2013

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 injured worker is a 55 year old male injured on 10/06/04 when involved in a motorcycle collision resulting in left thigh hematoma requiring evacuation, knee injury, and low back pain. Current diagnoses included chronic left knee pain, right knee pain, and back pain with radiculitis. Secondary diagnoses included sleep apnea, erectile dysfunction, hypertension, gastric reflux, and depression. Clinical note dated 07/03/13 indicated the injured worker presented complaining of low back pain radiating to the left lower extremity and left knee pain. The injured patient reported increased pain level following previous office visit. The injured worker reported medications were working well for pain management purposes. He also noted increase in pain following decrease in fentanyl dose and withdrawal symptoms were difficult. The injured worker remained motivated to continue tapering of narcotic medications. The injured worker reported use of H-wave unit twice per day for one hour with approximately 50% pain relief for four to six hours. Physical examination of the lumbar spine revealed restricted range of motion and straight leg raise negative. Evaluation of the left knee revealed no limitation in range of motion, no tenderness to palpation, pain with provocative testing, and no joint effusion. Additional testing revealed motor strength 5/5 in all muscle groups, decreased sensation over the lateral calf and thigh on the left side, persistent numbness in left lower extremity from mid-thigh to left foot. Clinical note dated 07/30/13 indicated the injured worker presented complaining of left knee pain rated 8/10 and low pain low back pain rated 7-10/10. The injured patient reported increased left knee pain and numbness with muscle spasms. The injured worker reported lack of duragesic due to delay in approval for the previous five weeks resulting in significant withdrawal symptoms. Treatment plan included trial of Lidoderm 5% patch Q12 hours. Initial request for Lidoderm patch 5% 30 was initially non-certified on 08/07/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm patch 5% #30 is not medically necessary as it does not meet established and accepted medical guidelines.

MRI Arthrogram of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The request for 1 magnetic resonance imaging arthrogram of the left knee is not medically necessary. An arthrogram is indicated for patient with a suspected meniscal tear following a course of conservative therapy. No provocative findings were included in the submitted documentation indicating the possibility of a meniscus injury. Given this factor, the request is not medically necessary.