

<b>Case Number:</b>	CM13-0030283		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/14/1988
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 and Cardiology and is licensed to practice in Texas. 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 is a 65-year-old female who reported a work-related injury on 05/14/1988; the specific mechanism of injury was not stated. Subsequently, the patient is status post a left knee total arthroplasty as of 03/22/2013. A clinical note dated 11/18/2013 reports the patient utilizes cyclobenzaprine, methadone, Detrol LA, pramipexole dihydrochloride, Premarin, Flector 1.3% transdermal patch, Lidoderm 5% transdermal patch, metaxalone and hydrocodone/acetaminophen 7.5/325. The provider documented upon physical exam of the patient's left knee, range of motion was noted to be from full extension to 130 degrees of flexion. The patient was stable to varus and valgus stress with full extension, mid flexion, and full flexion. The patient reported non-objective paresthesias radiating down the anterior lateral aspect of the leg and into the foot. The provider recommended a diagnostic and therapeutic injection of the medial branch of this patient's saphenous nerve along the area of the medial collateral ligament, as well as subsequent EMG and potential MRI of the patient's lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

**Decision rationale:** The current request is not supported. California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The clinical documentation submitted for review failed to document the patient's duration of use of either of these transdermal patches, as well as efficacy noted by an increase of objective functionality about the left knee, as well as decrease in rate of pain. Additionally, California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy tricyclic or SNRI anti-depressant, or an AED such as gabapentin or Lyrica. The clinical notes did document the patient reported allergies to Cymbalta and Lyrica. However, documented utilization of gabapentin was not evidenced. Additionally, the clinical notes failed to indicate the patient objectively presented with any motor weakness or other objective findings of neuropathy. Given all the above, the request for Lidoderm 5%, #60 is not medically necessary or appropriate.

**Flector 1.3% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

**Decision rationale:** The current request is not supported. California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The clinical documentation submitted for review failed to document the patient's duration of use of either of these transdermal patches, as well as efficacy noted by an increase of objective functionality about the left knee, as well as decrease in rate of pain. Given all the above, the request for Flector 1.3%, #60 is not medically necessary or appropriate.