

Case Number:	CM13-0035370		
Date Assigned:	12/13/2013	Date of Injury:	11/24/2009
Decision Date:	01/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Maryland 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 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.

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 employee is a 58-year-old female who sustained a contusion to the head on 11/24/2009. The employee is status post left total knee arthroplasty as of 5/15/2013 for tricompartmental arthritis. A clinical note dated 10/25/2013 reports the employee was seen for followup. The provider noted the employee was doing well postoperatively and made a return to work. The provider documents the employee finished her course of postoperative physical therapy. The employee describes occasional pain and heaviness with prolonged ambulation. The provider documented that current medications relative to the employee's injury were noted as none. The provider documented that physical exam of the employee's left knee revealed 4+/5 motor strength noted throughout. Range of motion was noted to be at 0 to 140 degrees; the employee's knee was negative for any crepitus or grind testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm quantity 30: Upheld

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

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

Decision rationale: The guidelines indicate that Lidoderm patch is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant or antiepileptic drugs such as gabapentin or Lyrica. The submitted clinical notes failed to evidence a specific rationale for the employee's utilization of a Lidoderm patch. The clinical notes provided did not indicate that the employee reported this intervention was efficacious for any pain complaints or that the employee presents with any neuropathic pain complaints. Given the lack of documentation evidencing the above, the requested Lidoderm quantity 30 is not medically necessary or appropriate.