

Case Number:	CM13-0043064		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2004
Decision Date:	04/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 patient reported an injury date of 09/30/04. Based on the 01/07/13 progress report provided by [REDACTED] the patient is diagnosed with right knee early arthritis with chondromalacia of the patella. A x-ray done on 01/30/14 shows osteopenia, which is out of proportion to the patient's age. [REDACTED] requesting Lidoderm 5% #30. The utilization review determination being challenged is dated 10/14/13 and recommends denial of the Lidoderm 5% #30. [REDACTED] is the requesting provider, and he provided one treatment report from 01/07/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 112.

Decision rationale: According to the 01/07/13 progress report provided by [REDACTED] the patient presents with right knee post arthroscopy as well as diagnosis of right knee early

chondromalacia of the patella. The patient is prescribed Neurontin for pain. The physician also has requested for Lidoderm 5% #30. MTUS Guidelines recommends Lidoderm patches for neuropathic pain only stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an AED such as gabapentin or Lyrica." This patient does not present with neuropathic pain, but musculoskeletal pain of the knee. The use of Lidoderm patches are not indicated per MTUS guidelines. Recommendation is for denial.