

Case Number:	CM13-0049917		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2009
Decision Date:	05/27/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/08/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 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 is a 33 year old male injured on 04/26/09 when he slipped on a ladder falling 7 feet to the ground hitting his low back and left knee. The patient underwent left knee arthroscopy with partial synovectomy and chondroplasty with postoperative physical therapy performed. The documentation indicates the patient underwent additional meniscus repair on 10/02/13 with injection to the left knee following surgical intervention. The patient rated his pain at 4-6/10 on 12/16/13 with medial and lateral knee pain on the left. Subsequent documentation indicates a decrease in left knee pain at 3/10 with 2+/5 tender to palpation medial left knee pain. It was noted improved tolerance for stair and pressure squat exercises. The patient was to continue with left knee rehabilitation 2 times a week. There was no documentation of current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIDODERM PATCHES OF UNSPECIFIED QUANTITY (RX [REDACTED] 09/27/13) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, Lidoderm patches are not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm patches of unspecified quantity (Rx [REDACTED] 09/27/13) QTY: 1.00 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.