

Case Number:	CM13-0056263		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2009
Decision Date:	06/03/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery, 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 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 58 year old female injured on 05/10/09 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments provided were discussed in the documentation provided. The documentation indicates the patient initially complained of left knee pain and lower back pain treated conservatively. The patient eventually underwent a left knee arthroscopic surgery in 2011. The clinical documentation dated 10/30/13 indicates the patient continued to complain of low back and left sided knee pain. Examination revealed healed surgical incision, spasm, tenderness, guarding noted in the paravertebral muscles of the lumbar spine, and range of motion of the lumbar spine is decreased. Current diagnoses included sprains and strain to the lumbar region, sleep disturbance, sprains and strains of the knee and leg, and internal derangement of the knee. Current list of medications was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches: 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 Topical Analgesics, Page(s): 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. Further, Lidocaine patches are not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidocaine patches cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.