

Case Number:	CM13-0057668		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2004
Decision Date:	04/15/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 claimant is a 60-year-old who was injured on June 10, 2004. The clinical records provided for review documented that the claimant has current complaints of bilateral knee pain for a working diagnosis of patellofemoral osteoarthritis. Notes pertaining to the office visit of August 23, 2013, documented continued complaints of pain and swelling particularly of the left knee despite treatment, which included corticosteroid injections, medication management and recent therapy. Physical examination showed an antalgic gait, with positive crepitation. Recommendations were for viscosupplementation injections. There is a current request for Lidoderm patches for the claimant's bilateral knee complaints for therapeutic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) BOXES OF LIDODERM PATCHES 1%, TO APPLY EVERY DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch), and Topical Analgesics Page(s): 56-57 and 111-113.

Decision rationale: The Chronic Pain Guidelines state that lidocaine patches are only indicated for neuropathic pain. The guidelines also indicate that the topical use is for situations involving

failure to respond to first-line agents including treatment of tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressive agents or agents such as gabapentin or Lyrica. There is no documentation of a diagnosis or indications for neuropathic pain. Therefore, the request for Lidoderm patches cannot be recommended as medically necessary.