

Case Number:	CM13-0058326		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2007
Decision Date:	07/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old male who was injured on 1/23/07 while working as a driver. He was diagnosed with right knee pain, right knee sprain/contusion/injury, osteoarthritis right knee, chondromalacia patellae, synovitis, sciatic nerve lesion, and CRPS vs neuropathic pain in the right knee. He was treated with synvisc injections, multiple surgeries (right knee) topical analgesics, oral medications, physical therapy, cane, and exercise. He was able to return to work, but with restrictions off and on. On 11/8/13, the worker was seen by his pain specialist physician complaining of his right knee pain (10/10 on pain scale) and reported that he was at the time working with restrictions and wished to be able to return to full duty again. He reported using oral Ketoprofen and Lidoderm without side effects and with good results. He was then recommended to continue the exercise and NSAIDs orally as well as the Lidoderm, which was refilled. Lidoderm patches had been recommended to the worker to take, which he started, according to the notes provided for review, sometime after 12/2012 and continued until the time of the request for refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED X 1 REFILL LIDODERM PATCHES 5 PERCENT QD PRN 12 HOURS ON 12 HOURS OFF 30 DAYS 60 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) pp. 56-57, Topical Analgesics, Lidocaine p. 112 Page(s): 56-57, 112.

Decision rationale: The California MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Although it appears that the medication may be helping the worker with his pain and even that it may be neuropathic in nature (unclear), but there is no evidence of a first-line agent being used first before initiating the Lidoderm patches. Therefore, the Lidoderm is not medically necessary.