

Case Number:	CM13-0059389		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2004
Decision Date:	05/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 and is licensed to practice in Arizona. 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 56-year-old female with a date of injury on September 30, 2004. The patient sustained an injury when she was rolling a desk chair, to wheel a client, when she subsequently rolled over her own left foot, with the client in the chair. She developed lower extremity pain, particularly in the knee joints. She was diagnosed with Chondromalacia patellae, osteoarthritis. Treatment included right knee arthroscopy and partial lateral meniscectomy. She also took medications such as hydrocodone for pain relief and applied topical Lidoderm patches to the knee. On 11/12/2013, the physician prescribed continuation of Lidoderm patches and Norco because of the swelling in the knee joint. The request continued for prescription for Hydrocodone/Acetaminophen as well as topical Lidoderm 5%. A reviewer on 11/20/2013 certified the use of Hydrocodone but denied continued use of topical Lidoderm based on evidence-based guidelines.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), Lidoderm, Lidocaine, page(s) 90 and 61, as well as Official Disability Guidelines (ODG).

Decision rationale: ODG TWC recommendation; Lidoderm is not recommended until after a trial of a first-line therapy, according to the criteria below. Topical Lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an automated external defibrillator (AED) such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There are no clinical findings based on the medical records to suggest that pain in the knee joint is neuropathic. The patient has also been using Norco for pain relief. Therefore any additional benefit from topical Lidocaine cannot be measured. Given the above the request is not medically necessary.