

<b>Case Number:</b>	CM13-0060363		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 injured worker is a 42-year-old with reported injury on July 16, 2010 from kneeling causing swelling and pain to knee. On September 3, 2013 he had a review of MRI results that were done on August 21, 2013. The results revealed evidence of chondromalacia change medially as well as the retropatellar are and a small popliteal cyst. There was no evidence of documentation of a pain scale or effectiveness provided. The current medications were listed as Norco, Arthrotec and Lidoderm. The diagnoses were listed as status post arthroscopy with meniscectomy, patella femoral compression syndrome and degenerative joint disease to medial compartment. The injured worker had a right knee arthroscopy with partial medial meniscectomy and extensive synovectomy on November 13, 2010. Post operatively he had received physical therapy and supartz injections with minimal improvement. Physical therapy notes were not provided. The recommendation was to be on a muscle strengthening program. There was not a request form or rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pads 5.0% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain, Topical Analgesics, 112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The injured worker was status post right knee arthroscopy with partial medial meniscectomy and extensive synovectomy. The Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Documentation of effectiveness of medication was not provided. The Chronic Pain Medical Treatment Guidelines also state that lidocaine is only approved for post-herpetic neuralgia. There is no evidence of neurological studies. The request authorization form was not provided and the stated request did not specify to what body part the patch was to be applied and for how long. The request for Lidocaine pads 5.0%, thirty count, is not medically necessary or appropriate.