

Case Number:	CM13-0069321		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2009
Decision Date:	03/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This case involves a 43-year-old male, who sustained an injury on 1/13/09, after he slipped and twisted his left knee while employed by [REDACTED]. The request under consideration include Lidocaine 5% #30 for 30 days. The patient is status post a left arthroscopic partial meniscectomy, chondroplasty, synovectomy, and tibial osteotomy on 1/23/13. The report of 12/3/13 from provider noted that the patient had left knee pain, and scheduled to follow-up with the specialist in January. He also noted left low back pain that occasionally radiates to the left leg. An exam of left knee showed tenderness and swelling; an exam of low back showed no tenderness with full range of motion and negative straight leg raises. The medication list included: Lidocaine, Naproxen, Omeprazole, Oxycodone, Celebrex, and Lyrica. The treatment included continuing with medications and modified work restrictions. The request for Lidocaine was partially-certified for #15 on 12/16/13 citing guidelines criteria, lack of medical necessity, and documentation of indication to substantiate for request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% #30 for thirty (30) days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are recommended as an option, but are Largely experimental in use with few randomized. The guidelines also indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient exhibits diffuse tenderness and pain on the knee exam, with radiating symptoms from low back pain. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. The topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for his diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm 5% #30 for thirty (30) days is not medically necessary and appropriate.