

Case Number:	CM13-0069462		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2010
Decision Date:	07/08/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 66-year-old female who reported an injury on 07/19/2010. The mechanism of injury was not stated. The current diagnosis is knee pain. The injured worker was evaluated on 10/29/2013. The injured worker reported increasing knee pain. Previous conservative treatment includes injections and physical therapy. Current medications include Lidoderm patch 5%. Physical examination revealed tenderness to palpation of the left knee, increasing pain with full extension, and intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF LIDOCAINE PAD 5% #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been

evidence of a trial of first line therapy. The injured worker has utilized lidocaine 5% since 04/2013. However, there is no evidence of objective functional improvement. There is also no documentation of a failure to respond to first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. There is also no frequency listed in the current request. Therefore, the request is non-certified.