

Case Number:	CM13-0070743		
Date Assigned:	01/08/2014	Date of Injury:	11/23/2010
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 66-year-old male who was injured on November 23, 2010. The patient continued to experience pain in his left knee. Physical examination was notable for medial and lateral joint line tenderness and patellofemoral crepitus. MRI of the left knee showed degenerative osteoarthritis with chondromalacia of the lateral tibial plateau. Treatment included physical therapy, acupuncture, and medications. Requests for authorization for Lidoderm patches #30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Lidoderm patches #30 between 8/12/2013 and 8/12/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interventions and Guidelines Page(s): 112.

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. The medication may be recommended as a trial for localized pain

consistent with neuropathic etiology. In this case the patient had left knee pain, which was likely due to the degenerative changes in his left knee. The pain was not neuropathic in etiology. Lidocaine is therefore not recommended and the request should not be authorized.