MAXIMUS Federal Services

Case Number:	CM13-0071337		
Date Assigned:	01/08/2014	Date of Injury:	07/31/1995
Decision Date:	06/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 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 73-year-old female with a 7/31/95 date of injury. There is documentation of subjective findings of left knee pain and that pain is 8/10 without medications and 3/10 with medications, as well as increased function/walking with medication use. Objective findings of left knee swelling and tenderness to palpation over the medial and lateral joint line. Current diagnoses are lumbar spine and bilateral sacroiliac sprain with bilateral leg radiculitis, status post right total knee replacement, and left knee strain and patellefemoral arthralgia with severe medial compartment degenerative joint disease. Treatment to date include Norco and Lidoderm patches. There is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5%, QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation :Official Disability Guidelines (ODG).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica, has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine and bilateral sacroiliac sprain with bilateral leg radiculitis, status post right total knee replacement, and left knee strain and patellofemoral arthralgia with severe medial compartment degenerative joint disease. In addition, there is documentation of ongoing treatment with Lidoderm patches, with pain at 8/10 without medications and 3/10 with medications, as well as increased function/walking with medication use. However, despite documentation of a diagnosis of lumbar spine and bilateral sacroiliac sprain with bilateral leg radiculitis, there is no documentation of neuropathic pain after with evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) had failed. Therefore, the request for Lidoderm patch 5%, qty 60 is not medically necessary and appropriate.