

<b>Case Number:</b>	CM14-0001819		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 injured worker is a 60 year old woman who reported an injury on 06/16/2005, due to an unknown mechanism. The clinical note dated 12/05/2013 presented the injured worker with right knee pain. The injured workers physical exam of the knee revealed knee range of motion of 0-110 degrees, diffuse tenderness along the anteromedial side, and patellofemoral crepitation. The injured worker's diagnoses were right knee partial medial meniscectomy and right MCL sprain. The provider recommended Lidocaine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE LIDOCAINE PATCH,#60 DISPENSED ON 9/11/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDOCAINE, 112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 57.

**Decision rationale:** The request for Lidocaine Patch #60 is non-certified. Lidoderm is the brand name for a lidocaine The California MTUS guidelines recommend Lidocaine patch for localized peripheral pain after there has been evidence of a trial of first-line. This is not a first-line

treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. There is lack of evidence of a complete and adequate pain assessment included in the medical documents. There is no documentation as to which body part the lidocaine patches are intended for. Additionally, it was unclear if the injured worker has undergone a trial of first line therapy including antidepressants or antiepilepsy medications. Therefore, the request is not medically necessary or appropriate.