

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0103517 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 03/17/2006 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 03/17/2006. Diagnoses included left knee tricompartmental degenerative joint disease, probable degenerative joint disease of the right knee, and bilateral sprain/strain of the knees. The previous treatments included medication and injections. Within the clinical note dated 07/09/2014, it was reported the injured worker complained of left knee pain. Upon the physical examination, the provider noted a hyaluronic acid injection was injected into the left knee. The provider requested Lidoderm patches for pain control. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Lidoderm patch 5% #90 is non-certified. The injured worker complained of left knee pain. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. The request submitted failed to provide the frequency of the medication. Additionally, it failed to document an adequate and complete physical examination. Therefore, the request is non-certified.