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| Case Number: | CM14-0010940 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/06/1973 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Management, 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:

This is a patient with a date of injury of 8/6/73. A 1/26/14 medical report identifies that the patient has a chronic neuropathic disorder with knee pain and has been on first line treatment for several years with Gabapentin, which has provided partial pain relief, and he is on the highest dose he can tolerate. A 1/2/14 medical report identifies right knee pain with numbness, weakness, back problems, popping/clicking, locking/catching, occasionally the left knee will buckles, right knee pain is causing difficulty sleeping at night, and the bilateral knee feels inflamed and radiates to the shins. On exam, there is knee tenderness and feeling of tightness on full flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 LIDODERM PATCHES 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Pages 56-7 of 127.

Decision rationale: The California MTUS cites that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or

SNRI anti-depressants or an AED such as Gabapentin or Lyrica). 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. Within the documentation available for review, the documentation is not highly suggestive of a localized peripheral neuropathic pain and, given that and the limited support for the use of Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia, the currently requested Lidoderm is not medically necessary.