

Case Number:	CM14-0017607		
Date Assigned:	04/16/2014	Date of Injury:	10/22/2007
Decision Date:	06/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational Medicine 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 56 year old female who was injured on 10/22/2007. The mechanism of injury is unknown. Prior treatment history has included (list prior treatments). The patient underwent right total knee arthroplasty (TKA) on 01/10/2012; right knee arthroscopic lysis of adhesions of suprapatellar pouch on 03/28/2012. There is no documentation of rehabilitative therapy. The patient's medications as of 02/27/2014 include: Prozac, Flaxseed Oil, D 1000, Aspirin, Vitamin B complex, Appearex, Loratadine, Lidoderm, Celebrex, Tylenol-Codeine, and Flexeril. The diagnostic studies reviewed include x-rays of the right knee dated 02/27/2014 revealed status post right total knee replacement in good position without sign of wear, loosening, fracture or infection; and status post anterior tibial tubercle elevation in good position. Orthopedic office note dated 02/27/2014 states the patient is in for follow-up of her right knee. She had a total knee replacement (TKR). She had placement of a Dupuy posterior stabilized rotation platform total knee construct. Postoperatively, she has had difficulty regaining motion. On 03/28/2012, she was taken to surgery where she had arthroscopic lysis of adhesions of the suprapatellar pouch medial lateral gutter with improved range of motion; however, she has not been able to maintain this range of motion and she continues to actually lose range of motion. She now finds it necessary to wear high-heeled shoes because she walks with a slightly hip flexed, knee flexed type of gait. She denies instability or giving way with the knee. She has chronic pain with knee and requires Tylenol. On exam, range of motion of the right knee is 10 degrees flexion to 90 degrees flexion; attempted assisted flexion causes patellar tendon pain. There is no swelling or sign of infection to the right knee. The medial lateral collateral ligament is stable to varus and valgus stress testing with the knee at 10 degrees and 30 degrees knee flexion. Anterior posterior drawer signs are normal and there is no rotational instability to the right knee. There is no calf tenderness or sign of deep vein thrombosis and sensation, motor function circulation are normal

to the right lower extremity. Gait is mildly antalgic with a knee flexed, ankle flexed type of gait. Assessment is septic arthritis of the knee, chondromalacia patella and knee joint pain. Authorization is requested for her to be referred to a pain management specialist to handle her chronic right knee pain and to be evaluated by the Orthopedic Department at [REDACTED] for recommendations for further treatment to try and improve her range of motion of her right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF LIDOCAINE 5% PATCH, #90 DOS: 12/13/13:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, Lidocaine patches is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy for neuropathic pain. It is not recommended for non-neuropathic pain as there is one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The result showed there was no superiority over placebo. The medical records document the patient is status post right total knee replacement (TKR) dated 1/10/2012, and status post right knee arthroscopic lysis of adhesions of suprapatellar pouch dated 3/28/2012. There is no documentation of the mentioned medication to be prescribed on 12/13/2013. Furthermore, there is no documentation of neuropathic pain; therefore, the request is not medically necessary according to the MTUS guidelines.