

Case Number:	CM14-0117954		
Date Assigned:	08/06/2014	Date of Injury:	07/21/2003
Decision Date:	12/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family 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:

This is a 65 year old female patient who sustained an injury on 07/21/2003. She sustained the injury due to slipping on the wet floor and falling backwards landing on the floor. The current diagnosis includes left knee osteoarthritis. Per the doctor's note dated 10/28/2014, patient had complaints of left knee pain, depression and anxiety. She had improvement in low back and sciatica pain after second epidural injection. Physical examination revealed decreased lumbar spine range of motion, spasm over the L4-5 and L5-S1, negative straight leg raise; left knee- range of motion -5 to 110 degrees, tenderness over the medial and lateral joint spaces, 1+ crepitus; right knee- valgus knee deformity with mildly edema, mild tenderness at the joint line and range of motion -5 to 110 degrees. Per the doctor's note dated 10/27/2014, she had complaints of left knee pain. Physical examination revealed joint line tenderness and limited left knee range of motion. The medications list includes Seroquel, Paxil, valium, Norco, Abilify, Celebrex, Norflex and Lidoderm patches. She has undergone left knee arthroscopy in 2004; right knee total replacement in 2012. She has had a magnetic resonance imaging (MRI) of the left knee dated 02/03/04 which revealed evidence of findings suspicious for a tear in the posteroinferior margin of the medial meniscus, grade II signal seen injury the lateral meniscus, evidence of large joint effusion, grade I chondromalacia injury the midportion of the patella; the MRI of the right knee dated 05/26/07 which revealed tear involving the posterior horn and midhorn region of the meniscus with possible avulsed or degenerative component, probable fraying along the articulating surface of the meniscus associated well, probable small tears or fraying of the internal margin of the posterior and midhorns of the lateral meniscus, reduction of chondral cartilage at the medial femoral condyle and tibial plateau, fraying of the chondral cartilage at the lateral femoral condyle and tibial plateau, extensive loss of chondral cartilage with cortical erosion at the lateral patellar facet, bone edema or granulation changes within the

subcortical medullary bone, reduction of the chondral cartilage at the medial facet. There was moderate joint effusion and possible underlying synovitis or fragments or debris amongst the effusion as well; the MRI of the lumbar spine dated 5/26/07 which revealed at the L4-5 : 4-5 mm disc protrusion effacing the thecal sac with increased hydration of the disc space and possible granulation change, at the L5-S1 3-5 mm disc protrusion displacing the right S1 nerve root with bilateral foramina stenosis; the electrodiagnostic report dated 07/25/07 which revealed right active S1 denervation (clinically- radiculopathy) by electrodiagnostic criteria; lumbar MRI dated 10/17/11 which revealed severe disc degeneration at L5-S1 with 6 mm disc herniation causing moderate bilateral foraminal stenosis, severe disc degeneration at L4-5 with 4 mm disc bulge causing moderate right foraminal stenosis. She has had physical therapy, cortisone injections and Visco supplement injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (lidocaine patch) Page(s): 111-113, 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine 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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm patches is not fully established for this patient.