

Case Number:	CM14-0127724		
Date Assigned:	08/15/2014	Date of Injury:	10/11/2012
Decision Date:	09/25/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 73 year old female who reported an injury on 10/11/2012 due to a fall. The injured worker had diagnoses of medial meniscus tear and chondromalacia to right knee. Past treatments included medications over the counter medications, acupuncture, use of a cane, physical therapy 12 sessions. Diagnostic testing included x-rays. Surgical history was not provided. The injured worker complained of increased left knee pain on 03/31/2014. The physical examination on 03/31/2014 revealed diffuse pain to left knee and McMurray's test revealed pain to left knee, medially. Medication history was not provided. The treatment plan included a recommendation for Lidoderm patches 5%. The rationale for the treatment request was not provided. The request for authorization form was not provided.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: The injured worker complained of knee pain and had a diagnosis of a medial meniscus tear. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state 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). The guidelines note Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is a lack of documentation indicating the injured worker has been treated with first line therapy. There is no indication that the injured worker has a diagnosis of post-herpetic neuralgia. There is documentation demonstrating why the injured worker would require a topical patch versus oral medication. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above the request for Lidoderm patches 5% is not medically necessary.