

Case Number:	CM14-0150300		
Date Assigned:	09/18/2014	Date of Injury:	08/28/1998
Decision Date:	10/22/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 claimant was injured on 08/28/98. Lidoderm patches are under review. He injured his shoulder and knee. He had an orthopedic exam on 03/26/14. He was in no acute distress. He had mild weakness of the right quadriceps. There was tenderness about the right knee laterally and medially and over the patellofemoral joint. There was a trace effusion with coarse crepitus and some atrophy. The vastus medialis and vastus lateralis were weak. Right McMurray's and patellar grind tests were positive. Euflexxa was recommended. He was using a cane. On 04/02/14, the provider indicated that he was using Celebrex and Lidoderm patches with occasional use of the creams. Aquatic therapy was very helpful. His findings were otherwise unchanged. He was to continue Celebrex and Lidoderm patches and the creams. Euflexxa injection #2 was recommended. He also attended physical therapy early in 2014. On 04/09/14, he presented for his third Euflexxa injection. He was still using a cane. He had not received any of the analgesic creams, Celebrex, or Lidoderm patches and had not had any aquatic therapy. Refills were recommended. On 05/07/14, reported some benefit from Euflexxa. He was prescribed OxyContin, Celebrex, and Lidoderm patches. He was waiting for his medicated creams and was using a TENS unit. He had a pain management consultation on 05/07/14 and complained of daily pain in his left shoulder. The TENS unit and Lidoderm were useful. He was also using oral pain medication. He had constant right knee pain and was using TENS, Lidoderm patches and topical creams for that. Oral medication was also effective. His medications included Celebrex, Elidel cream, hydrocortisone cream, Lidoderm 5% ointment, Nexium, and ranitidine. He had excellent pain relief with OxyContin along with Lidoderm patches during the day. Continued use of the TENS unit was ordered. Lidocaine patches and OxyContin were ordered. Refills were recommended on 06/23/14. He was still having difficulty

getting them approved. On 08/04/14, he had finished his 12 visits of therapy. OxyContin was not going to be refilled. Total knee arthroplasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% apply Q24Hrs count #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines; regarding Topical Lidod.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm patches. The MTUS state "topical agents may be recommended as an option [but are] 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of other medications, also, and there is no documentation of failures of trials of first line drugs such as acetaminophen and local modalities. The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." There is no evidence that these criteria have been met for Lidoderm patches. The claimant reported pain relief with Celebrex and TENS, also. It is not clear what additional benefit was received from the use of Lidoderm patches. The medical necessity of this request has not been clearly demonstrated.