

Case Number:	CM14-0159488		
Date Assigned:	10/03/2014	Date of Injury:	11/01/2009
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old man who sustained a work related injury on April 30, 2009. Subsequently, he developed chronic low back and knees pain. The patient had bilateral lumbar facet median branch blocks under fluoroscopy at levels L4-5 and L5-S1 performed in 2011, a right total knee replacement performed in 2012, and low back surgery performed in 2013. Prior treatment included medications (cyclobenzaprine, bupropion, risperidone), aqua therapy, physical therapy (did not help), lumbar support, shoulder brace, and right knee brace. According to the medical re-evaluation report dated March 4, 2014, the patient has been complaining of constant sharp pain in his lower back with popping, grinding, muscle spasms, and tingling. The patient describes his left shoulder pain as constant, sharp with popping and grinding. Concerning the right knee, the patient complained of constant sharp pain with cramping, popping, grinding, and tingling. He related the knee des lock and give way. He also complained of a frequent sharp pain of the left knee with popping, grinding, and tingling. He related the left knee does lock and give away. He feels the condition in the left knee is worse. Examination of the shoulder revealed tenderness to palpation over the biceps tendon insertion on the left. There are no scars present. There is no atrophy and no abnormality about the acromioclavicular joint. Impingement test is mildly positive on the left. The range of motion is limited by pain. Examination of the elbows revealed a full range of motion with tenderness to palpation over the medial epicondyle on the left. There is tenderness to palpation over the trochanteric bursa and the sciatic notch on the right. . Lumbar spine range of motion is limited by pain. Sciatic stretch sign was negative bilaterally. There is no palpable step deformity. Spurling's and Ely's sign are negative bilaterally. There is no sustained clonus. Babinski is downgoing. Sensation to pinwheel is intact. Examination of the hips revealed tenderness to palpation over the right greater trochanter. All range of motion causes right sided pain. Examination of the knees revealed tenderness to

palpation over the right fibial head. There is trace effusion on the left knee. McMurray's maneuver is negative. There is no patellofemoral crepitus. There is no laxity of the medial or lateral ligaments. Anterior drawer, pivot shift, and Lachman's tests are negative. The patient was diagnosed with cervical spondylosis with chronic subjective pain, status post L5-S1 posterior interbody fusion with retained hardware and status post right total knee arthroplasty. The provider requested authorization to use Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% 1 patch times 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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". In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.