

Case Number:	CM14-0159535		
Date Assigned:	10/03/2014	Date of Injury:	11/26/2010
Decision Date:	10/29/2014	UR Denial Date:	09/22/2014
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 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 application for independent medical review was signed on September 24, 2014. The request was for lidocaine patches 5%. The number is not specified. The previous reviewer noted the guidelines note that topical analgesics can be recommended for neuropathic pain. However, I confirmed the records note no evidence of objective functional improvement with prior use of this medicine. The primary diagnoses was pain in the joint of the lower leg and contusion of the knee. The records also do not show evidence of a failed trial of antidepressant or anticonvulsant therapy. There was a September 8, 2014 note from the [REDACTED]. She has a continued complaint of knee pain which is about the same as noted previously, with no real objective functional improvement with the treatments. . The patient is status post open heart surgery and she is taking acetaminophen only. She has trouble with sleeping. The diagnosis is left knee pray pain and degenerative joint disease and meniscal tear. She will follow-up with the rest regarding her left knee and they plan to continue the Lidoderm and the home exercise program. She is 62 years old. Another note mentions the pain is about the same as noted previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately not medically necessary under MTUS.