MAXIMUS Federal Services

Case Number:	CM14-0162812		
Date Assigned:	10/08/2014	Date of Injury:	01/12/2012
Decision Date:	11/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Emergency 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 injured worker is a 54-year-old female who reported an injury on 01/12/2012. The mechanism of injury was a slip and fall. The documentation indicated the injured worker had utilized naproxen sodium 550 mg #90, pantoprazole 20 mg #60 and Lidoderm patches as of 06/2014. The injured worker underwent a medial meniscectomy on the left knee on 06/05/2012. The documentation of 08/11/2014 revealed the injured worker had a tender medial joint line of the left knee. The injured worker was symptomatic. The injured worker underwent a fluoroscopy of the left knee demonstrating mild to moderate degenerative joint disease of the medial compartment. The injured worker was noted to have an MRI in 2013 which was positive for a continuing meniscus tear and degenerative changes. The injured worker indicated she was having pain in her left knee. The diagnoses included degenerative arthritis, status post debridement, residual meniscus tear and loose body by MRI of the left knee. The treatment plan included an arthroscopic procedure of the left knee. The original date of request could not be established. The documentation indicated the injured worker was given Lidoderm the first time on 06/18/2014. The physician documentation dated 09/16/2014 revealed the request; the office note was written in response to the denial of 08/19/2014. The injured worker was noted to present with pain. The injured worker had been experiencing an increase in pain in her left knee. The injured worker's medications were noted to include Lidoderm 5% patches #30, naproxen sodium, Anaprox 550 mg #90, and pantoprazole. The physician documented the injured worker was utilizing Lidoderm for neuropathic pain. The physician documented guidelines do not limit the use to postherpetic neuralgia only. The physician opined it could be used for any neuropathic pain. The injured worker had a burning sensation on the medial aspect and radiation of pain down to the lower leg, to the sole of her foot, particularly on the medial arch. The injured worker had numbness and tingling in the same pattern, but to the ankle. The injured worker indicated

with Lidoderm she was able to manage her pain well. The injured worker quantified her pain reduction of about 40% with the use of the medication. The injured worker indicated she was able to reduce some pain and allow for better function. The injured worker was utilizing the medication without side effects. The rationale for the use of Lidoderm was for topical use on the left knee to help with pain. There is no Request for Authorization submitted for the requested date of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch (700mg/patch) Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The California MTUS guidelines indicate that topical lidocaine (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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review while indicating the injured worker did not have postherpetic neuralgia, the guidelines indicate that further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than postherpetic neuralgia. There was a lack of documentation of objective functional benefit. The duration of use was since at least 06/2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm 5% patch, 700 mg per patch, quantity 30, is not medically necessary.