

Case Number:	CM14-0169626		
Date Assigned:	10/17/2014	Date of Injury:	10/12/2006
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 22, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee surgery, topical agents; and extensive periods of time off of work. In a Utilization Review Report dated October 16, 2014, the claims administrator denied a request for topical lidocaine patches. The applicant's attorney subsequently appealed. In an April 26, 2014, progress note, the applicant reported ongoing complaints of knee pain following an earlier total knee arthroplasty. The applicant was reportedly displeased with the outcome of the earlier total knee replacement, it was acknowledged. It was stated that the applicant was pending a total knee arthroplasty revision procedure. The applicant was kept off of work, on total temporary disability. There was no explicit discussion of medications selection or medications efficacy on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy of antidepressants, and/or anticonvulsants, in this case, however, it does not appear that the applicant's pain is neuropathic in nature. Rather, it appears that the applicant has mechanical pain associated with failed total knee prosthesis. It is further noted there has been no seeming evidence of oral antidepressant and/or oral anticonvulsant medications before the Lidoderm patches at issue were selected. Therefore, the request was not medically necessary.