MAXIMUS Federal Services

Case Number:	CM14-0171539		
Date Assigned:	10/23/2014	Date of Injury:	06/08/2012
Decision Date:	11/25/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/16/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 54 year old female who sustained a work related injury on 06/08/2012 as a result of slipping on a kiwi peel and fell. Since then she's complaint of left knee pain. Per her PR-2 dated 07/09/2014, the patient complaints of left knee pain. Taking Naprosyn and scheduled to start PT on 7/11/14. Still reports clicking, popping with walking. Examination reveals mild antaglia, no gross effusion, crepitation on flex / ext. McMurray's pos. A left knee MRI dated 08/24/14 identifies a meniscal tear and patellar fracture. In dispute is a decision for Lidoderm (Lidoderm Patch 5%) X 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) X 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

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

Decision rationale: Lidoderm (Terocin) transdermal patches for pain: Lidoderm , topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (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 also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment patients with post-herpetic neuralgia, a diagnosis not documented for this patient. I did not find within the provided medical documentation any evidence of a trial of either tri-cyclic or SNRI medication. As the guidelines have not been satisfied for authorizing this treatment, I find that it is not warranted and not medically necessary.