MAXIMUS Federal Services

Case Number:	CM14-0185924		
Date Assigned:	11/13/2014	Date of Injury:	11/03/2011
Decision Date:	12/22/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 65 year-old female with the date of injury of 11/03/2011. The patient presents with pain in her right knee. Her right knee is occasionally swollen. The flexion of her right knee is 102 degrees. The patient also complains of back pain, radiating down her right hip. The patient presents decreased range of lumbar motion due to stiff pain and muscle spasms. Her lumbar flexion is 80% normal and extension is 50% normal. Per AME's 05/06/2014 progress report, the patient has a total of 10% whole person impairment. Per 09/16/2014 progress report, the patient is taking Tramadol and Colace. The patient is currently working with modified duties.Diagnoses on 09/16/2014:1) Chronic lumbar back pain from L5-S1 disc bulge on the MRI scan from 07/24/20122) Chronic right knee sprain with moderate degenerative disease involving the medical compartment on the MRI scan from 07/26/20123) Chronic right hip sprain4) Chronic right leg radicular symptoms5) Constipation due to opiate medication6) Chronic right lower extremity pain, probably a bone bruise, s/p contusion7) Obesity8) History of right upper quadrant abdominal mass of unknown etiology followed by PTP9) Illiterate in English and SpanishThe utilization review determination being challenged is dated on 10/25/2014. Two treatment reports were provided from 02/04/2014 to 09/16/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

Decision rationale: The patient presents pain and weakness in her lower back, right knee and right leg. The request is for Lidoderm patches #90 with 3 refills. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized perioheral 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)." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function.The utilization review letter on 10/25/2014 indicates that there is no documentation of the trial of tri-cyclic or SNRI anti-depressants. It would appear per 09/16/2014 progress report, the patient has tried Amitriptyline, a tri-cyclic anti-depressants. However, the patient does not present with neuropathic pain that is peripheral and localized. There is no evidence that this topical has been effective in any way. The request is not medically necessary.