

Case Number:	CM14-0020879		
Date Assigned:	04/30/2014	Date of Injury:	09/27/2010
Decision Date:	08/05/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46-year-old male who has submitted a claim for chronic left knee pain, s/p arthroscopic surgery, s/p partial medial meniscectomy, no re-tear, and moderate chondromalacia of medial and patellofemoral compartment associated with an industrial injury date of 9/27/2010. Medical records from 2012-2013 were reviewed which revealed persistent left knee pain. Pain scale was graded 7/10 without medications and 3-4/10 with medications. Physical examination of the left knee showed tenderness and extensive crepitus with flexion and extension. MRI of the left elbow done on November 2011 showed tendinosis of the extensor tendon. Treatment to date has included synvisc injection and intake of medications namely: Norco, Ultracet, Lidocaine Patches and Trazodone. Utilization review from 2/6/2014 denied the request for Lidoderm 5% patch because reports provided did not indicate failed trials of first line recommendations for neuropathic pain. Lidoderm was also used off-label for diabetic neuropathy, which the patient was not diagnosed with.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WEB BASED EDITION, [HTTP://WWW.DIR.CA.GOV/T8/CH4_5SB1A5_2.HTML](http://www.dir.ca.gov/t8/ch4_5sb1a5_2.html).

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is 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). In this case, the patient has been using Lidoderm patches since November 2012. However, there had been no evidence in the documentation that the patient was initially subjected with first line medications such as Lyrica or an antidepressant. Therefore, the request for Lidoderm 5% patch #30 is not medically necessary.