

Case Number:	CM14-0022470		
Date Assigned:	05/09/2014	Date of Injury:	10/30/2009
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 bilateral knee pain reportedly associated with an industrial injury of October 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of February 5, 2014, the claims administrator apparently approved a request for oral Norco while denying a request for topical Lidoderm patches. The claims administrator stated that the applicant did not have a neuropathic pain for which Lidoderm was indicated. In a February 10, 2014 letter, the attending provider noted that the applicant had persistent complaints of bilateral knee pain. The applicant was a custodian, it was further noted. The attending provider stated that Lidoderm patches were generating improvements in pain and function, although this was not quantified. The attending provider stated that the applicant was reportedly tolerating his work as a janitor with ongoing Lidoderm patches. The attending provider stated that the applicant had tried and failed a variety of opioid and non-opioid agents in the past, including methadone, Opana, morphine, and gabapentin without much benefit. In a May 14, 2014 progress note, the applicant was described as reporting 9/10 knee pain, with difficulty driving. The applicant was reportedly using topical Lidoderm for pain relief. It was stated that the combination of topical Lidoderm and Norco was efficacious. It was stated that the applicant was maintaining successful return to work status as a janitor. Multiple medications were refilled, including Lidoderm.

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) #30 APPLY 1 PATCH DAILY X7: Overturned

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 TOPICAL LIDOCAINE Page(s): 112, 3.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm or lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, there has seemingly been a trial of antidepressants and/or anticonvulsants, including Neurontin. The employee has also apparently used a variety of long-acting opioids, including methadone and Opana. The attending provider has posited that ongoing usage of Lidoderm patches has been beneficial in the sense that the employee is able to maintain successful return to work status as a janitor with Lidoderm patches. The attending provider has also posited that ongoing usage of Lidoderm patches is appropriately diminishing the employee's pain levels. It is further noted that, contrary to what was suggested by the claims administrator, that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly espouses the position that all chronic pain conditions could have some neuropathic component. Continuing the Lidoderm patches in question is indicated and appropriate, for all of the stated reasons. Accordingly, the request is medically necessary.