

Case Number:	CM14-0026176		
Date Assigned:	06/13/2014	Date of Injury:	11/15/2010
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 32-year-old male with a reported date of injury on 11/15/2010. The injury reportedly occurred when the injured worker put his left leg over a bar when he reached behind a machine to get his tape measure and his knee got stuck with the bar and he fell forward and hyperextended his knee and it cracked. His diagnoses were noted to include knee pain, depressive disorder, lumbago and sciatalgia. His previous treatments were noted to be physical therapy, medications, functional restoration program, exercises, stretches and going to the gym for cardiovascular exercise including swimming. An MRI performed on 01/10/2014 reported status post anterior cruciate ligament reconstruction with an intraosseous ganglion in the tibial tunnel, with marked bone edema to the right knee and postoperative scarring of the infrapatellar fat pad to the right knee. The progress note dated 04/29/2014 reported the injured worker complained of low back pain and stated it has been bothering him since the accident. The injured worker reported it did not move into his legs and denied numbness and tingling in the legs. The injured worker denied loss of function and noted that the pain was located in the back from the mid back to lower back, 2 to 3 inches from the spine on either side. The physical examination of the lumbosacral spine noted trigger points were not present or muscle spasms and the lumbar spine was normal with full range of motion despite diffuse tenderness to the lower back, however, no tenderness at the vertebrae. The neurological examination reported 2+ deep tendon reflexes bilaterally and sensation to light touch and pinprick were intact throughout. The examination of the right lower extremity noted joint tenderness and crepitus within the knee of a moderate degree as well as some swelling. The Request for Authorization form was dated 02/06/2014 for Lidoderm 5% 700 mg patches apply 1 every day by transdermal for 30 days due to pain in lower joint of the leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM ADHESIVE PACHES 5% 700MG #30 -NO REFILLS: Upheld

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

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

Decision rationale: The request for Lidoderm adhesive patches 5% 700mg #30 - no refills is not medically necessary. The injured worker has been using the Lidoderm patches for pain to his right knee. The California Chronic Pain Medical Treatment Guidelines recommend lidocaine for neuropathic pain in the formulation of a dermal patch (Lidoderm). The guidelines state Lidoderm is also used for diabetic neuropathy. The guidelines do not recommend Lidoderm for non-neuropathic pain and there is only 1 trial that tested 4% Lidoderm for treatment of chronic muscle pain which showed no superiority of a placebo. The injured worker is using the Lidoderm patch for pain to his knee which is non-neuropathic in nature. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.