

Case Number:	CM14-0030431		
Date Assigned:	06/20/2014	Date of Injury:	07/12/2011
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 Medicine and is licensed to practice in California and Nevada. 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 36 year old male injured on 07/12/11 when he struck his knee on a truck hitch. The injured worker underwent diagnostic and operative right knee arthroscopy with partial lateral and medial meniscectomy. Current diagnoses included lumbar degenerative disc disease, old fracture through the S1 vertebral body, right paracentral protrusion at L3-4, possible L1 radiculopathy, possible left lumbar facet pain, and myofascial pain. Clinical note dated 02/17/14 indicated the injured worker presented complaining of occasional left sided low back pain described as sharp, stabbing pain extending into the left buttock along the posterior left thigh and calf. The injured worker continued painfulness of spasms throughout the lumbar spine. The injured worker reported right medial knee pain with weight bearing activities with numbness in the posterior aspect of the knee with prolonged sitting. The injured worker received his trigger point injections, physical therapy, and medication management. Current medications included ibuprofen, tramadol, Lidoderm patches, vicodin, and soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm Patch # 60 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.