MAXIMUS Federal Services

Case Number:	CM14-0032161		
Date Assigned:	06/20/2014	Date of Injury:	10/25/2010
Decision Date:	07/29/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/13/2014

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 Pain 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 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:

This is a 52-year-old male who sustained an industrial injury to the right knee on 10/25/10 when he picked up a bundle on the palate. Current diagnosis is knee pain. It is noted the patient has been evaluated with x-rays and MRI. X-rays reportedly showed tricompartmental osteoarthritis of the right knee. It was noted the patient had been working full-time until October 2011 when he was fired. It was reported he has undergone arthroscopic surgery. Other conservative treatments have included activity restriction, physical therapy, medications, massage, and cortisone injections. Progress note dated 02/04/14's handwritten and limited in legibility. The patient presented with complaints of right knee pain. Pain increased with activity. The patient reported no significant benefit from the use of Voltaren topical gel. He was using 2-3 Ultracet per day and reported no side effects. Objective findings on examination revealed reduced range of motion with flexion/extension and mild tenderness. Strength and neurological examination were normal. Treatment plan was to continue Ultracet and began lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 28 GRAM TUBE OF LIDOCAINE CREAM 3%: 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 Page(s): 111-113.

Decision rationale: The CA MTUS indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. This medication contains lidocaine, and guidelines note lidocaine is indicated for neuropathic pain and 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Medical records in this case do not describe neuropathic pain. It was noted the patient has osteoarthritis of the knee by x-rays; however, these diagnostic studies were not included for review. There is no description of failed trials the first. Neuropathic agents such as antidepressants or anticonvulsants have not been tried. Guidelines are not supportive of the use of lidocaine in any formulation other then transdermal patch. The request for one 28 g tube of lidocaine cream 3% is not medically necessary.