

Case Number:	CM14-0033213		
Date Assigned:	06/20/2014	Date of Injury:	05/19/2009
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 Texas. 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 49 year old female who is reported to have sustained an injury to her right knee on 05/19/09. On this date, the injured worker was employed as a police officer and participating in weapons qualification when she stepped back and slipped on a piece of cardboard resulting in a fall onto the right knee. The clinical records indicate that the injured worker has undergone multiple surgeries to the right knee which included a revision right knee arthroscopy performed on 09/10/10. Postoperatively, she has received treatment with viscosupplementation. Records reflect a left knee diagnostic arthroscopy performed on 01/27/12. Postoperatively, the injured worker has received Corticosteroid injections. The record includes an MRI of the lumbar spine dated 12/17/12 which notes disc desiccation at L4-5 and a loss of disc space with evidence of effacement of the left L5 nerve root. The records reflect that the injured worker has chronic low back pain for which she has been given a prescription for Lidoderm patches. The record includes a utilization review determination dated 02/25/14 in which a request for Lidoderm patches was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

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

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

Decision rationale: The request for Lidoderm Patches is not supported as medically necessary. The submitted clinical records indicate that the injured worker has low back pain secondary to lumbar degenerative disease. The records note that the injured worker has been previously tried on Flector Patches as an alternative to opioids. Per the CA MTUS, Lidoderm patches are indicated for neuropathic or localized peripheral pain. The CA MTUS notes that Lidoderm is appropriate after documentation of failure of 1st line therapies. As the records do not contain any data establishing the failure of these 1st line therapies, the request for Lidoderm patches is not medically necessary and appropriate.