

Case Number:	CM14-0039692		
Date Assigned:	06/27/2014	Date of Injury:	03/19/2008
Decision Date:	08/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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 53 year old female who had a work related injury on 03/19/08. No documentation of the mechanism of injury. The injured worker has been treated with medication, physical therapy, adjustable walker, a cast for the right wrist, and bandage for the right knee. Also, a stabilization boot for the right ankle. The injured worker has received lumbar sympathetic blocks x 3 and lumbar epidural with no relief. MRI of the right knee documented moderate patella femoral syndrome and posterior meniscus tear. The most recent progress note submitted for review is dated 04/01/14 the injured worker states that since her last visit, the quality of life has remained unchanged. The injured worker activity level has decreased. The injured worker has taken her medication as prescribed and states that the medications are working well. No side effects reported. No medication abuse suspected. Physical examination she has an antalgic gait, slowed gait. The injured worker is assisted by a walker. Lumbar spine, no scoliosis, asymmetry, or abnormal curvature noted on inspection of the lumbar spine. No limitation in range of motion is noted. Paravertebral muscles are normal. Lumbar facet loading is negative on both the sides. Straight leg raising test is positive on the right side in the sitting at degrees. Ankle jerk is 1/4 on both sides. Right shoulder examination, movements are restricted with flexion limited to 85 degrees and abduction limited to 80 degrees limited by pain. Hawkins' test is positive. Right wrist the hard cast is in place. Inspection of the right knee joint reveals no erythema or warmth to palpation, slight effusion is palpable. Range of motion is restricted secondary to pain. Right knee is stable to varus stress and extension and at 30 degrees. Negative posterior drawer sign and reverse pivot shift test. There was +1 effusion in the right knee joint. Patella grind test is positive. McMurray's test is positive. Allodynia around the joint. She is wearing a 2 inch ace bandage wrapped around her knee. Motor examination is limited by pain. Motor strength of extensor hallucis longus is 5/5 on the left, knee extensor is 5/5 on the left, knee

flexor is 5/5 on the left. Hip flexor is 4/5 on the right and 5/5 on the left. Sensory examination sensation to pin prick is decreased over the medial calf, lateral calf on the right side, decreased light touch sensation to right lower extremity. Diagnosis reflex sympathetic dystrophy (RSD) lower limb. Prior utilization review on 03/11/14 was non-certified. The clinical documentation submitted for review does not show any VAS scores, functional improvement or UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical agents Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: The request for Lidoderm 5% patch, #30 is not medically necessary. Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clinical documentation that the injured worker has failed trial of antidepressants and anticonvulsants. As such, medical necessity has not been established.