

Case Number:	CM14-0054871		
Date Assigned:	07/07/2014	Date of Injury:	02/12/1999
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational 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 63 year-old female patient with an injury date of 2/12/1999. The mechanism of injury was not described. On a 4/3/2014 visit the patient stated that she continues to experience moderate to severe pain in her knees on a constant basis. The patient is still very dependent on a walker to ambulate. Examination of the patients' knees noted 3+ crepitation with pain. There was no instability, but the patient complained for more pain on the left knee more than the right. Range of motion was limited minus 20 degrees full extension to 75 degrees flexion bilaterally. The left knee was worse than the right in regard to patellofemoral compression. The diagnostic impression is advanced traumatic arthritis of both knees. Treatment to date: Status post gastric by-pass, status post aortic valve replacement, weight loss program, medication management. A UR date of 4/15/2014 denied the request for Lidoderm Patch 5% #120. The rationale for denial was that CA MTUS guidelines only recommend topical lidocaine for localized peripheral pain after there has been a trial of oral first-line therapy. This is not a first-line therapy and is only FDA approved for post-herpetic neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% apply 2 patches to each knee QD #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: CA MTUS states that topical lidocaine may be 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Lidoderm Patch is a topical formulation of 5% lidocaine. CA MTUS guidelines state that topical lidocaine may be recommended after a trial and failure of first-line oral antidepressants and/or anticonvulsants. The documentation does not show evidence of neuropathic pain. The pain described is of osteoarthritic nature. The Lidoderm Patch is not indicated for this kind of pain. Therefore, the request for Lidoderm Patch apply 2 patches to each knee QD #120 is not medically necessary.