

Case Number:	CM14-0056450		
Date Assigned:	07/18/2014	Date of Injury:	03/26/2008
Decision Date:	09/09/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured worker is a 67-year-old female with an injury date of 03/26/2008. The patient complains of an off and on burning pain in her lower back. The patient has a lot of pain in both hips (right greater than the left) that radiates down to her thighs. In regards to her right knee, the patient has constant pain with a minimum range of motion and is unable to fully straighten out her knee. The patient has constant left knee pain. The patient's diagnoses include the following: compensatory strain/sprain of the lumbar spine superimposed on significant degenerative changes, compensatory pain in the bilateral hips superimposed on significant advancing degenerative arthritis, strain/sprain of the right knee due to overcompensation of the left knee with marked degenerative arthritis and osteoporosis of the right knee with old fracture of the tibial plateau, status post right total knee arthroplasty with medial epicondylar fracture during surgery, September 2012, operative report not available, status post right knee manipulation under anesthesia (02/12/2013), status post left knee arthroscopy with partial lateral meniscectomy and patellofemoral chondroplasty, partial patellectomy of the lateral fracture area (08/22/2008). The request is for Lidoderm (lidocaine patches 5%) x30. The utilization review determination being challenged is dated 04/08/2014. Treatment reports were provided from 11/04/2013 - 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (lidocaine patch 5%) x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding lidoderm patches Page(s): 56,57, 112.

Decision rationale: Based on the 04/12/2014 progress report, the patient presents with pain in her lower back, both hips, right knee, and left knee. The request is for Lidoderm (lidocaine patch 5%) x30. The 12/06/2013 report indicates that the Lidoderm patches have helped the patient. The patient has been using lidocaine patches as early as 12/06/2013 as this report requests for a refill. There is no indication of where the patient will be applying these patches to. The MTUS Guidelines recommends Lidoderm patches for neuropathic pain only stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants, or an AED such as gabapentin or Lyrica." The patient does not present with neuropathic pain, but of musculoskeletal pain at the lower back, bilateral hips, and bilateral knees. The use of Lidoderm patches are not indicated per MTUS Guidelines. Therefore, the request is not medically necessary.