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| Case Number: | CM14-0067950 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 12/14/1995 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 05/01/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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, 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 71-year-old male who reported injury on 12/14/1995. The mechanism of injury was not provided. On 01/22/2014, the injured worker presented with throbbing pain in the right knee and reports of pain in the left knee. Upon examination of the right knee, it was very swollen and warm to touch. Stability test revealed excessive laxity in all planes with stress testing of the knee joint. The range of motion values for the right knee was 90 degrees on flexion and 5 degrees of extension. Current medications included MS Contin, Norco, and Neurontin. The diagnoses were history of right knee arthroscopy converted to a total knee replacement x2, possible hardware rejection, occult infection ruled out with laboratory studies, and neuropathic component of pain. The provider recommended Lidocaine cream and Lidoderm patches. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Lidocaine cream 5% 15 gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Lidocaine cream 5% 15gm is non-certified. California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines indicate topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy tricyclic or SNRI antidepressant or AED such as Gabapentin or Lyrica. No other commercially approved topical formulations of Lidocaine, whether creams or lotions or gels, are indicated for neuropathic pain. The included documentation lacked evidence that the injured worker has failed first line therapy such as tricyclic SNRI antidepressant or AED. Additionally, the provider's request does not indicate the quantity, frequency or site that the Lidocaine cream is intended for in the request as submitted. As such, the request is not medically necessary.

One prescription for Lidoderm patches 5% #60.: Upheld

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

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

Decision rationale: The request for 1 prescription for Lidoderm patches 5% with a quantity of 60 is not medically necessary. The California MTUS state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy tricyclic or SNRI antidepressant or AED such as Gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The documentation lacked evidence that the injured worker has a diagnosis congruent with the guideline recommendation for Lidoderm patches. Additionally, the provider's request does not indicate the frequency of the medication or the site that the patches are intended for in the request as submitted. As such, the request is not medically necessary.