

Case Number:	CM14-0068623		
Date Assigned:	07/14/2014	Date of Injury:	07/30/2010
Decision Date:	09/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/13/2014

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 Illinois. 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 58 year old woman. She injured her left knee and lower back on July 30, 2010. She had a left knee arthroplasty and a total knee revision. She wears a brace on her knee. She takes Ambien, ibuprofen and Norco with omeprazole for a swollen, burning sensation of her knee. Her exam was notable for tenderness to pressure and palpation over the patellar and parapatellar area. She had a positive straight leg raise. Her bone scan and lab work were negative for infection. The injured worker was going to physical therapy and was denied gabapentin and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% Day Supply: 60 Qty: 60 Refills: 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDOCAINE (ANESTHETIC) Page(s): 56.

Decision rationale: Per the Medical Treatment Utilization Schedule, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitors anti-depressants or

antiepileptic drugs such as gabapentin). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. There is no documentation that this worker has neuropathic pain nor is there documentation that the worker has failed a first-line medication therapy. Therefore, Lidocaine Pad 5% is not medically necessary.