

<b>Case Number:</b>	CM14-0083278		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/06/2000
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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 57-year-old male who reported an injury on 10/06/2000 due to a trip and fall. On 05/07/2014 the injured worker presented with right knee pain. Current medications included Celebrex, Elidel cream, Hydrocortisone cream, Lidocaine ointment, Nexium, and Ranitidine. An X-ray of the right knee performed on 05/07/2014 noted marginal osteophytosis on the lateral aspect of the right knee. The diagnoses includes multiple left shoulder arthroscopies, status post multiple right knee arthroscopies, intractable pain, and status post cervical fusion. The provider recommended Lidocaine patch, 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:

**Lidocaine 5% patch (700 mg/patch) #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

**Decision rationale:** MTUS Guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, tricyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressant or an anti-epileptic drug (AED) such as Gabapentin or Lyrica. This is not a first line treatment and it is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker's diagnosis is not congruent with the guideline recommendations for Lidocaine patch, additionally, the injured worker has been prescribed Lidocaine patch since at least March 2014 and the efficacy of the medication has not been provided. The provider's request for Lidocaine patch does not include the frequency of the medication in the request submitted. As such, the request is not medically necessary.