

Case Number:	CM14-0096228		
Date Assigned:	07/25/2014	Date of Injury:	07/08/2011
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation, has and is licensed to practice in Texas. 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 34 year old female who had a work-related injury on 07/08/11. There is no documentation of mechanism of injury. The most recent clinical note submitted for review is dated 06/02/14. The injured worker was seen in the office for continued right knee pain. It is noted that she has difficulty with long periods of standing as well as any repetitive lifting. The injured worker has mild swelling, no catching or locking. Physical examination reveals skin is intact with no signs of erythema, warmth or infection. The injured worker has a mild effusion today. The injured worker has good patellar femoral tracking with some mild patellar femoral crepitus and a positive patellar femoral grind test. The injured worker has a range of motion of 0 to 105 degrees today and pain during deep flexion. The injured worker has more sensitivity to deep flexion compared to previous exams and it seems that her motion has gotten tighter compared to previous exams. The injured worker has stable to varus and valgus stress, anterior and posterior drawer and Lachman's. The injured worker has tenderness along the anterior fat pad with a positive Hoffman's fat pad sign. She has a 2+ dorsalis pedis pulse and normal sensation to light touch. Diagnoses include status-post right knee arthroscopy with medial meniscectomy, moderate osteoarthritis of the patellar femoral and medial compartment, and status-post abrasion chondroplasty for grade 4 chondral changes. Prior utilization review dated 06/10/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Qty:30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medication.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or serotonin norepinephrine reuptake inhibitor anti-depressants or an anti-epileptic drugs such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore, this compound cannot be recommended as medically necessary as it does not meet the established and accepted medical guidelines.