

<b>Case Number:</b>	CM14-0100509		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 39 year old female, who sustained an industrial injury on 1/3/2013. The diagnoses have included pain in limb, left knee osteoarthritis and knee tendinitis or bursitis. Treatment to date has included physical therapy, Synvisc injection to the knee and pain medications. According to the progress report dated 5/28/2014, the injured worker complained of left-sided knee pain with weakness. She indicated that she had developed pain in the right knee due to walking with an antalgic gait. Loss of motor strength over the bilateral knees was noted to be grade 4/5. Medial and lateral joint line tenderness was noted with patellar crepitus. Current medications were not listed. Authorization was requested for magnetic resonance imaging (MRI) of the right knee. The injured worker was provided with one Synvisc injection; authorization was requested for a series of two Synvisc injections. Lidocaine patches were provided for the injured worker to use locally. On 6/3/2014, Utilization Review (UR) non-certified a request for Lidocaine Patches #10. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patches #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the patient has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.