

<b>Case Number:</b>	CM14-0143832		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 sustained a work related injury on August 11, 2003, slipping and falling off a ladder, injuring the bilateral upper extremities, low back, and bilateral knees. The injured worker was noted to have undergone bilateral knee arthroscopies in 2004, a right total knee arthroplasty in 2007, and right carpal tunnel release in 2008. The surgical reports were not included in the documentation provided. On June 25, 2014, the injured worker was seen for a cardiology consultation for an irregular heartbeat, and for cardiac clearance for needed knee surgery. The Cardiologist noted the workup negative for ischemia, and the injured worker's cardiac condition stable. The Primary Treating Physician's report dated July 29, 2014, noted the injured worker with severe knee, neck, and wrist pain, with weakness and restricted range of motion. The Physician noted the injured worker had previously been authorized for right knee surgery, however, the authorization had expired due to pending cardiac clearance. The injured worker was noted to remain off work. The diagnoses were listed as failed total knee replacement arthroplasty, cardiac arrhythmia, post-op carpal tunnel release: left carpal tunnel syndrome, and lumbar disc degenerative disease; cervical spondylosis with rad and stenosis. The Physician requested authorization for Lidoderm patches every twelve hours #60. On August 21, 2014, Utilization Review evaluated the request for Lidoderm patches every twelve hours #60, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that there was no documentation of failed use of oral medications such as anticonvulsant and antidepressant that would support the request for a topical analgesic. The UR Physician noted that based on the clinical information submitted for review, and using evidence based peer reviewed guidelines, the request for Lidoderm patches every twelve hours #60 was recommended non-certified. The decision was subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches, QTY: 60:** Upheld

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

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

**Decision rationale:** Lidoderm patches, QTY: 60 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The request does not indicate the strength of Lidoderm. For these reasons the request for Lidoderm patch is not medically necessary.