

<b>Case Number:</b>	CM14-0064229		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/25/2001
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 7/25/2001. He reported right knee pain. The injured worker was diagnosed as having knee pain, status post right knee arthroplasty, and mood disorder. Treatment to date has included medications, x-ray of the right knee, right knee surgery, steroid injection, total right knee replacement (2/6/2007). The request is for Lidocaine 5% ointment. On 10/18/2013, he reported decreased right knee pain. He indicated his quality of sleep to be good; however felt his quality of life and activity level had remained unchanged. He reported taking medications as prescribed and having no side effects. On 12/13/2013, he reported right knee pain to be tolerable with medications. On 4/4/2014, he reported increased right knee pain. He reported not side effects or new problems. His current medications are: Lexapro, Voltaren gel, Lunesta, Lidocaine 5% ointment, Ultram, Ultram ER, Lidoderm 5% patch, Aspirin, Glyburide, Lisinopril, Metformin, and Pravachol. Physical examination revealed tenderness to the low back, well healed scar on the right knee, restricted range of motion of the right knee with flexion limited to 120 degrees. He is also noted to have tenderness to the lateral joint line, patella and popliteal fossa of the right knee. The treatment plan included: Voltaren gel, Tramadol, home exercises, Lidocaine ointment, Lunesta, Ultram ER, Ultram, and Lexapro. The records are unclear regarding neuropathic pain. The records do not indicate intolerance to oral medications. The records are unclear regarding trial of tri-cyclic or SNRI anti-depressants or an AED.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% Ointment, apply to affected body part 2-3 times a day as needed, #3 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches, Topical Analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with right knee pain. The request is for LIDOCAINE 5% OINTMENT APPLY TO AFFECTED BODY PART 2-3 TIMES A DAY AS NEEDED, QUANTITY 3 REFILL. The request for authorization is dated 03/13/14. MRI of the right knee, 03/20/14, shows markedly limited by metallic artifact precluding evaluation of the knee itself; the visualized distal femur and proximal tibia are unremarkable where seen. X-ray of the right knee, 10/21/13, shows intact hardware from a total knee arthroplasty; small suprapatellar joint effusion; small osseous bodies seen along the anterior and posterior joint line and in the patellofemoral compartment. Physical examination of the right knee reveals well healed anterior knee scar mild edema at popliteal fossa. Range of motion is restricted. Tenderness to palpation is noted over the lateral joint line, patella and popliteal fossa. There is mild effusion in the right knee. Quality of sleep is good. His activity level has increased. He states that medications are working well. No side effects reported. He notes that the lidocaine ointment was helpful to decrease pain in the past. Patient has completed physical therapy, he is doing home exercise program. Patient's medications include Lexapro, Voltaren Gel, Lunesta, Lidocaine, Ultram, Lidoderm, Aspirin, Glyburide, Lisinopril, Metformin and Pravachol. Per progress report dated 03/07/14, the patient is permanent and stationary and not working. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per progress report dated 03/07/14, treater's reason for the request is "for symptomatic pain relief of his right knee and avoids medication escalation. The patient has been prescribed Lidocaine 5% since at least 10/18/13. Per progress report dated 03/07/14, treater notes, "Lidocaine 5% Ointment SIG: Apply to affected body part 2-3 time per day as needed." MTUS recommends the use of Lidocaine 5% Ointment for localized peripheral pain, which the treater has documented. Therefore, the request IS medically necessary.