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| <b>Case Number:</b>   | CM15-0000706 |                              |            |
| <b>Date Assigned:</b> | 01/12/2015   | <b>Date of Injury:</b>       | 01/06/2012 |
| <b>Decision Date:</b> | 03/13/2015   | <b>UR Denial Date:</b>       | 12/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2015 |

### 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 54 year old male sustained an industrial fall injury reported on 1/6/2012. He has reported increased left knee pain, resulting from the tapering of pain medications, and crackling with grinding of the left knee. The diagnoses have included status-post lateral meniscus repair of the left knee (9/16/13). Treatments to date have included: consultations; diagnostic laboratory and imaging studies; surgery (9/16/13); physical therapy; activity modifications; H wave therapy and other modalities (not stated); and medication management with chronic low dose opioid therapy. The injured worker is currently on disability. On 12/2/2014 Utilization Review non-certified, for medical necessity, the request for Lidocaine patches #30, the MTUS chronic pain medical treatment guidelines, Lidocaine patches, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57,111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

**Decision rationale:** This patient presents with left knee pain. The patient had medial meniscus repair on left knee on 09/16/13. The request is for LIDOCAINE PATCHES #30 on 11/13/14. The patient is currently working with restrictions per 11/13/14 report. 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, "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. "Review of the reports shows that the patient has been using this medication since 09/11/14. There is no documentation of positive response or improvement regarding Lidoderm patch. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Lidoderm patches are indicated. The request IS NOT medically necessary.