

Case Number:	CM15-0106157		
Date Assigned:	06/10/2015	Date of Injury:	02/10/1988
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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: Emergency Medicine

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 53 year old male with an industrial injury dated 02/10/1988. A recent diagnosis is not documented. However the injured worker was post right total knee arthroplasty. Prior treatments included medications, surgeries, spinal cord stimulator and counseling. He presented on 04/28/2015 status post right knee manipulation for arthrofibrosis. He was walking without the use of any walking device. Incision was well healed without erythema or swelling. The knee was non-tender with minimal effusion. The knee was stable to varus/valgus stresses in extension and flexion. There was no calf or leg swelling. The request is for Lidocaine pad 5% # 60 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #60 x 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The requested Lidocaine pad 5% #60 x 6 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, note 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker is status post right knee manipulation for arthrofibrosis. He was walking without the use of any walking device. Incision was well healed without erythema or swelling. The knee was non-tender with minimal effusion. The knee was stable to varus/valgus stresses in extension and flexion. There was no calf or leg swelling. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine pad 5% #60 x 6 refills is not medically necessary.