

<b>Case Number:</b>	CM15-0107279		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/29/2008
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of July 29, 2008. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced a May 14, 2015 RFA form and associated progress note of April 13, 2015 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated June 22, 2015, the attending provider appealed previously denied Lidoderm patches in a templated fashion. The attending provider stated that the applicant's primary pain complaint was right knee internal derangement. The applicant had undergone earlier patellar chondroplasty procedure. The applicant had issues with meniscal derangement and patellar chondromalacia, it was reported. Somewhat incongruously, the attending provider then stated toward the bottom of the report that the applicant had issues with right lower extremity paresthesias. The attending provider did not, however, state what the source of the applicant's right lower extremity paresthesias was. The attending provider acknowledged that mechanical knee pain was the primary presenting complaint. The attending provider stated that both he and/or the applicant preferred to employ topical agents in favor of oral pharmaceuticals. The attending provider acknowledged that the applicant had not failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications. On April 13, 2015, the applicant reported a primary complaint of right knee pain, constant, mechanical, aggravated by crouching, crawling, kneeling, squatting, standing, and/or walking. The applicant was hypertensive and diabetic, it was acknowledged. Mechanical knee pain about the medial and lateral joint lines was appreciated. The applicant was given an operating diagnosis of internal derangement of knee, chondromalacia of knee and/or knee degenerative joint disease. Viscosupplementation injection therapy was suggested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Lidoderm 5% patches #30 dispensed on 4/13/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms; Lidocaine Page(s): 3; 112.

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's presentation was not, in fact, suggestive of neuropathic pain, nor was there evidence that the applicant had in fact tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications. The attending provider acknowledged on his June 22, 2015 appeal letter that the applicant had not, in fact, failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that neuropathic pain, i.e., the diagnosis for which topical Lidoderm patches are indicated, is characterized by numbing, lancinating, electric shock like, and/or burning symptoms. Such symptoms, however, were not seemingly present here or were, at best, ancillary pain generators. The applicant's primary complaints, it was noted (and reiterated) above, were mechanical knee pain complaints associated with knee chondromalacia, knee internal derangement, and knee arthritis. It did not appear, in short, that topical Lidoderm patches were indicated here, for all of the stated reasons as (a) the applicant had not failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications and (b) the applicant's pain complaints did not appear to be neuropathic in nature. Therefore, the request was not medically necessary.