

<b>Case Number:</b>	CM15-0131195		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 56 year old female who sustained an industrial injury on 03/22/2011. Current diagnoses include bilateral knee pain, derivative injury right knee with symptom instigation of underlying right knee osteoarthritis, lateral meniscus tear-left knee, instigation of underlying left knee osteoarthritis, and status post arthroscopy of the left knee on 01/18/2012. Previous treatments included medications, left knee surgery, left knee injection on 06/17/2017, and home exercise. Report dated 06/24/2015 noted that the injured worker presented with complaints that included increased pain after walking 15 minutes in the medial part of the left knee, noting a decrease in pain after resting. It was noted that the injured worker tolerated the previous injection. Pain level was not included. Physical examination was positive for decreased range of motion in the left knee, tenderness to palpation medial joint line. The treatment plan included evaluation and management, request for Hyalgan injections x5 to the left knee, written prescription for lidocaine patches, and next appointment is on 07/01/2015. Disputed treatments include lidocaine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patches number (#) thirty (30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. Guidelines recommend the use of topical lidocaine 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. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The documentation submitted does not provide a detailed evaluation of the use of any first-line therapy medications referenced above, also the documentation provided did not support a diagnosis of neuropathic pain or post-herpetic neuralgia. Therefore, the request for Lidocaine patches # 30 is not medically necessary.