

Case Number:	CM15-0138289		
Date Assigned:	07/28/2015	Date of Injury:	06/01/2012
Decision Date:	09/23/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/16/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 6/1/14. Initial complaints were not reviewed. The injured worker was diagnosed as having moderate to severe medial compartment osteoarthritis; left knee residual sprain/strain; patellofemoral arthralgia; bilateral plantar fasciitis Treatment to date has included status post left knee arthroscopy (8/2012; 6/2013); physical therapy; medications. Diagnostics studies included EMG/NCV study lower extremities (6/9/15). Currently, the PR-2 notes dated 6/8/15 indicated the injured worker complains of her bilateral knee symptoms continue largely unchanged with continued left knee pain and increased sensitivity. She is a status post left knee total replacement on 12/9/14. She complains of intermittent pain sensation and numbness and tingling in her left leg. Objective findings document left knee revealing tenderness to palpation over the medial and lateral joint knee lines, lateral aspect and popliteal fossa with increased sensitivity to touch. Range of motion of the left knee is measured with flexion to 95 degrees and extension 0 degrees. Examination of the right knee reveals a well-healed surgical scar with tenderness to palpation present over the medial and lateral joint lines. Range of motion of the right knee is measures as flexion to 118 degrees and extension is 0 degrees. She is a status post left knee arthroscopy June 2013 and status post left knee total replacement on 12/9/14. An EMG/NCV study bilateral lower extremities dated 6/9/15 reveals evidence of a mild left S1 radiculopathy based on prolonged H reflex with no active denervation potentials on EMG. The provider is requesting authorization of Lidocaine patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lidocaine patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine safety or efficacy. Lidocaine, in the formulation of a Lidoderm patch, is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (antidepressants, anticonvulsants). Further research is needed to recommend Lidocaine patches for chronic neuropathic pain other than post-herpetic neuralgia. In this case, the patient has responded well to physical therapy and has good range of motion of both knee joints. There is no evidence of failure of first-line agents requiring a topical analgesic. Therefore the request for Lidoderm is not medically necessary or appropriate.