

Case Number:	CM15-0161654		
Date Assigned:	08/27/2015	Date of Injury:	08/31/2011
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 08-31-2011. She has reported injury to the left knee and low back. The diagnoses have included lumbago; lumbar strain; lumbar facet joint pain; sacroiliac pain; thoracic strain; left total knee replacement complicated by arrhythmias, hypertension, hypokalemia, shortness of breath, hypoxemia, fluid overload, and mild congestive heart failure, in 10-2010; and left knee, common peroneal neuralgia. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Tramadol, Lidocaine patch, Gabapentin, and Prilosec. A progress note from the treating physician, dated 05-26-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the left knee, left shoulder, and low back; the pain is improved; had decrease with prescription therapy; the pain is rated at 6 out of 10 in intensity; she has better bending of the knee and more strength; and she gets less cramps and dysesthesias. Objective findings included left knee scar and lateral collateral ligament pain. The treatment plan has included the request for POS RFA Lidocaine PAD 5% supply: 30 Quantity: 60 Refills: 0 Rx Date 07-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS RFA Lidocaine PAD 5% day supply: 30 Qty: 60 Refills: 0 Rx Date 7/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), p 56-57 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for left knee and low back pain. She underwent a left total knee replacement in October 2010. When seen, pain was rated at 6/10. Her BMI was over 40. Norco, gabapentin, Prilosec, and Lidoderm were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.