

Case Number:	CM15-0161682		
Date Assigned:	08/28/2015	Date of Injury:	03/03/2006
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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: Physical Medicine & Rehabilitation

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 58-year-old female, with a reported date of injury of 03-03-2006. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include reflex sympathetic dystrophy of the left lower limb and status post left total knee replacement using cement. Treatments and evaluation to date have included left total knee replacement on 09-03-2008, oral medications, topical pain medication, TENS (transcutaneous electrical nerve stimulation) unit, and a cane. The diagnostic studies to date have not been included. The medical report dated 08-03-2015 indicates that the injured worker was status post a left total knee replacement complicated by complex regional pain syndrome. The injured worker's left knee symptoms remained the same. She continued to have left knee pain. The Lidoderm patches were applied for pain. The injured worker stated that she needed a new prescription for Lidoderm 5% patch. The physical examination of the left knee showed decreased range of motion, abnormal patellar mobility, no swelling, no effusion, no deformity, no laceration, no bony tenderness, a normal meniscus, tenderness of the medial and lateral joint line, extension at - 5 degrees, flexion at 80 degrees, decreased sensation, and mild swelling. The treatment plan included Lidoderm 5% patch. The treating physician requested Lidoderm 5% #10 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% #10 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with left knee pain. The request is for Lidoderm DIS 5% #10 with 3 refills. The request for authorization is dated 08/03/15. The patient is status post left total knee replacement, 09/03/08. Physical examination of the left knee reveals decreased range of motion and abnormal patellar mobility. Medial joint line and lateral joint line tenderness noted. She walks with caution and uses a cane. She also states the TENS unit helps her. Patient's medications include Clindamycin, Lyrica, Cymbalta, Lidoderm, Ultram, Norvasc, and Ibuprofen. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 states, "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per progress report dated 08/03/15, treater's reason for the request is "for pain." Patient has been prescribed Lidoderm Patch since at least 04/14/14. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. However, there is no discussion or documentation on how the Lidoderm Patch is to be used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, given the lack of documentation, the request is not medically necessary.