

Case Number:	CM15-0162937		
Date Assigned:	08/31/2015	Date of Injury:	12/27/2013
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/19/2015

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: Emergency 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 57 year old female who sustained an industrial injury on 12-27-13. The injured worker was diagnosed as having pain in joint of lower leg, sprains and strains of knee and leg not otherwise specified. Currently, the injured worker reported right knee discomfort. Previous treatments included a knee brace, nonsteroidal anti-inflammatory drugs, oral pain medication, antiepileptic agent, injection therapy, physical therapy, heat, ice, psychotherapy and topical analgesics. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. Work status was noted as off work. The injured workers pain level was noted as 5 to 6 out of 10 with medication and 8 out of 10 without. Physical examination was notable for right knee with restricted range of motion, tenderness to palpation over the patella, positive patellar grind test and McMurray's test, positive patellofemoral crepitus. The plan of care was for a Lidocaine pad 5% quantity of 30, prescribed 07-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% quantity: 30, prescribed 07/28/2015: 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 requested Lidocaine pad 5% quantity: 30, prescribed 07/28/2015, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has right knee pain. The treating physician has documented the right knee with restricted range of motion, tenderness to palpation over the patella, positive patellar grind test and McMurray's test, positive patellofemoral crepitus. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine pad 5% quantity: 30, prescribed 07/28/2015 is not medically necessary.