

<b>Case Number:</b>	CM15-0163957		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/27/2006
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, California  
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:

This is a 69-year-old female patient, who sustained an industrial injury on April 27, 2006. The diagnoses include chronic knee pain, left total knee replacement, right knee pain, right knee meniscal tear, chondromalacia and right shoulder impingement syndrome with partial tear. Per the progress note, dated June 9, 2015 she had complains of left knee pain. He reported a recent fall when her left knee gave out. The physical examination revealed right knee swelling and left knee swelling, tenderness to palpation and crepitus, cervical and thoracic tenderness to palpation, decreased shoulder range of motion (ROM) and right shoulder tenderness to palpation with crepitus. The medications list includes lidoderm patch. Patient has tried amitriptyline. She has had right knee MRI, left knee MRI and right shoulder MRI. She has undergone left total knee replacement on 11/30/2007. She has had physical therapy for this injury. The plan includes Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% apply 1-3 per day, 90 patches with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Lidoderm patch 5% applies 1-3 per day, 90 patches with 3 refills. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsants (with dose, duration and frequency) is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm patch 5% apply 1-3 per day, 90 patches with 3 refills is not medically necessary for this patient.