

Case Number:	CM15-0169353		
Date Assigned:	09/10/2015	Date of Injury:	03/10/1999
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: Preventive Medicine, Occupational 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 67 year old male, who sustained an industrial injury on March 10, 1999. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left knee degenerative joint disease. Treatment to date has included diagnostic studies, injection, right total knee arthroplasty and medication. On July 8, 2015, the injured worker complained of severe left knee pain. Physical examination of the left knee revealed severe tenderness. The treatment plan included a left knee total knee arthroplasty. On August 7, 2015, utilization review denied a request for Lidocaine 5% patch quantity of thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5 Percent Patch #30: 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): Topical Analgesics.

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In this case, there is no evidence of a trial with antidepressants or anticonvulsants. Additionally, there is no documentation of pain relief with prior use of the medication. The request for Lidocaine 5 Percent Patch #30 is not medically necessary.