MAXIMUS Federal Services

Case Number:	CM15-0183223		
Date Assigned:	09/24/2015	Date of Injury:	02/03/2003
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 43 year old female who sustained an industrial injury on 02-03-2003. Current diagnoses include chondromalacia and joint pain-lower leg. Report dated 08-26-2015 noted that the injured worker presented for medication review and refill. Pain level was 8 out of 10 on the visual analog scale (VAS). No physical examination was performed on 08-26-2015. A urine drug screening was collected on 08-26-2015. Previous diagnostic studies included a right knee MRI on 04-02-2015 which revealed an "essentially normal MRI examination of the knee" per the treating physician, the actual report was not included for review. Previous treatments included medications and surgical intervention. The treatment plan included refilling medications which included Lidoderm patches. Report dated 05-22-2015 noted that the injured worker presented with signs of tenderness and pain over the knee. Physical examination performed on 05-22-2015 revealed some swelling in the infrapatellar region laterally, increased pain on extension, and some lateral tracking. The injured worker has been prescribed a lidocaine pad since at least 05-22-2015. The utilization review dated 09-03-2015, non-certified the request for lidocaine pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #30 with 3 refills (Rx date 9/3/15): 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: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). 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. The medical records submitted for review do not indicate that there has been a trial of first- line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidocaine pads are not recommended at this time. The request is not medically necessary.