MAXIMUS Federal Services

Case Number:	CM15-0187935		
Date Assigned:	09/29/2015	Date of Injury:	03/01/2009
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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 03-01-2009. Current diagnoses include other chronic postoperative pain, osteoarthritis lower leg, stress-anxiety, and status post left total knee replacement. Report dated 07-31-2015 noted that the injured worker presented with complaints that included unchanged, stable knee pain. It was noted that Norco and Lidoderm patches provide 75% pain relief. Pain level was 10 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-31-2015 revealed swelling in the right knee, color changes in the right knee, temperature changes in the right knee, and decreased left motor strength. Previous treatments included medications, surgical interventions, physical therapy, and heat and ice. The treatment plan included continuing with current medications, use ice and heat for pain control, started on Norco 10-325mg, and urine drug screen performed. The injured worker has been prescribed Lidoderm patches since at least 08-04-2011. The utilization review dated 08-25-2015, non-certified/modified the request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lidoderm Patches.

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

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of anti-depressant and anti-convulsants have failed. In this case, there is clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of anti-depressants and anti-convulsants. Prior use of Lidoderm has provided significant pain relief and functional improvement. Lidoderm is warranted in this case, however the request for 3 refills does not provide ongoing monitoring for continued efficacy. The request for Lidoderm Patches 5% #90 with 3 refills is not medically necessary.