

<b>Case Number:</b>	CM15-0188288		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, 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:

The injured worker is a 54-year-old male, who sustained an industrial injury on 2-14-2012. The injured worker is being treated for osteoarthritis lower leg, internal derangement knee and pain in joint lower leg. Treatment to date has included multiple surgical interventions, physical therapy, medications, Kenalog injections, and home exercise. Per the New patient consultation dated 9-04-2015, the injured worker reported bilateral medial knee pain and popping. He denies any significant swelling in either knee. Objective findings of the bilateral knees included well-healed arthroscopic portal scars in the left knee with 0-125 degrees range of motion with pain in flexion. The right knee had well healed arthroscopic scars with 0-130 degrees range of motion with pain in flexion. There was bilateral medial joint line tenderness to palpation and aggravating maneuvers. He was prescribed Lidoderm patches on 8-07-2015. The notes from the doctor do not document efficacy of the prescribed medications Work status was not provided in the notes reviewed. The plan of care included medications and authorization was requested for Lidoderm patches 5% #60. On 9-08-2015, Utilization Review non-certified the request for Lidoderm patches 5% #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5%, #60 with 3 refills: 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant remained on opioids and NSAIDS. Response to medications is unknown. The request for Lidoderm patches as above is not medically necessary.