

Case Number:	CM15-0193427		
Date Assigned:	10/07/2015	Date of Injury:	09/10/2005
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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 48 year old male, who sustained an industrial injury on 9-10-05. The injured worker has complaints of bilateral knee pain and swelling with a pain level rated as a 5 on the pain scale of 1 to 10 and persistent pain to multiple body parts. The injured workers pain is exacerbated by repetitive activities and there is tenderness over the medial aspects of both knees and marked swelling. Palpation of the lumbar spine reveals tenderness and there is pain elicited to palpation over the anterior aspect of the shoulder. The diagnoses have included osteoarthritis, unspecified whether generalized or localized, lower leg and pain in joint, lower leg. Treatment to date has included injection series with great benefits in the past; lidoderm patch; percocet; heat and ice contrast therapy. The original utilization review (9-17-15) non-certified the request for lidoderm 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ODG Topical Analgesics.

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 was on topical analgesics in the past including Ortho gel. In addition, the Lidoderm was provided along with Percocet without mention of reduction in oral medication use. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.