

Case Number:	CM15-0198775		
Date Assigned:	10/14/2015	Date of Injury:	10/05/2012
Decision Date:	11/20/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina

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 62 year old female, who sustained an industrial injury on 10-05-2012. She has reported injury to the bilateral knees. The diagnoses have included bilateral osteoarthritis of the knees. Treatment to date has included medications, diagnostics, cortisone injection, aquatic therapy, and physical therapy. Medications have included Norco and Lidoderm patch. A progress note from the treating physician, dated 08-21-2015, documented a follow-up visit with the injured worker. The injured worker reported that she did not receive a right medial unloader knee brace for her osteoarthritic knee; she has finished eight physical therapy sessions since her last visit which provided some degree of relief; the pain is rated at 5-6 out of 10 in intensity today; she has had cortisone injected into her bilateral knees, most recently two years ago; she has elected to continue with conservative treatment; and she is not working. Objective findings included she ambulates with a slightly guarded gait with the use of a cane; there is a slight right antalgic pattern and observed shortened stance phase; there is tenderness to palpation at the right medial joint line and left medial and lateral joint lines; there is decreased flexion on the right; she is neurovascularly intact in the bilateral lower extremities; and displays 4 out of 5 strength on manual resistance testing. The treatment plan has included the request for Lidocaine pad 5%, day supply 30 quantity, refills: 0, prescription date: 09-25-15. The original utilization review, dated 10-06-2015, non-certified the request for Lidocaine pad 5%, day supply 30 quantity, refills: 0, prescription date: 09-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%; day supply 30 qty, refills; 00 Rx date 9/25/15: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient does have peripheral pain complaints. There is no documentation of failure of first line neuropathic pain medications. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.