

Case Number:	CM15-0201506		
Date Assigned:	10/16/2015	Date of Injury:	07/24/2003
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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 48 year old male with an industrial injury date of 07-24-2003. Medical record review indicates he is being treated for chronic right knee pain, status post right knee surgery, chronic left knee pain, chronic low back pain; right heel pain, and chronic hand pain. Subjective complaints (08-17-2015) included right wrist pain, right forearm pain, right knee pain and lower back pain. Work status (08-17-2015) is documented as modified duty status. Prior treatment included acupuncture (feels it did not help him), Relafen, Tylenol, Vioxx, Naproxen, topical Diclofenac and Amitriptyline. The treating physician indicated the injured worker had used Lidoderm pain patches previously and "they have been helpful to reduce his pain and he is able to use them while he is working." Objective findings (08-17-2015) noted tenderness on both knees without any swelling of the left knee. Right wrist and right distal forearm was tender. Paralumbar tenderness from lumbar 2 to lumbar 5-sacral 1 was noted. On 09-14-2015 the request for Lidoderm Lidocaine patch 5% # 90 (3 boxes) with 3 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Lidocaine patch 5% #90 (3 boxes) with 3 refills: Upheld

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

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

Decision rationale: The requested Lidoderm Lidocaine patch 5% #90 (3 boxes) with 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has right wrist pain, right forearm pain, right knee pain and lower back pain. Work status (08-17-2015) is documented as modified duty status. Prior treatment included acupuncture (feels it did not help him), Relafen, Tylenol, Vioxx, Naproxen, topical Diclofenac and Amitriptyline. The treating physician indicated the injured worker had used Lidoderm pain patches previously and "they have been helpful to reduce his pain and he is able to use them while he is working." Objective findings (08-17-2015) noted tenderness on both knees without any swelling of the left knee. Right wrist and right distal forearm was tender. Paralumbar tenderness from lumbar 2 to lumbar 5-sacral 1 was noted. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm Lidocaine patch 5% #90 (3 boxes) with 3 refills is not medically necessary.