

Case Number:	CM15-0202142		
Date Assigned:	10/19/2015	Date of Injury:	12/22/2014
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial-work injury on 12-22-14. She reported initial complaints of pain to forearm, knee, and hands. The injured worker was diagnosed as having fracture of the left patella and right knee sprain and strain. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of moderate left knee pain with a pain scale of 6 out of 10 with increased pain when standing with lower extremities extension and bilateral feet. Per the primary physician's progress report (PR-2) on 8-26-15, exam noted bilateral tenderness on the bilateral knee as well as the lumbar region. Current plan of care includes diagnostic testing: MRI (magnetic resonance imaging), acupuncture, and medications. The Request for Authorization requested service to include Lidoderm patches 1159F, #30. The Utilization Review on denied the request for Lidoderm patches 1159F, #30, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 1159F, #30: Upheld

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

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

Decision rationale: The claimant sustained a work injury in December 2014 when she slipped and fell on a concrete barrier. She sustained injuries to the left knee, right ankle, and bilateral wrists. Although a patellar fracture is referenced, and x-ray and MRI are reported as normal. When seen, she was having low back and bilateral knee pain rated at 6/10 and increased with standing, lower extremity extension, bending, stooping, and squatting. There was lumbosacral and bilateral knee tenderness. She was referred for acupuncture treatments and transdermal creams and Lidoderm were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, the claimant does not have neuropathic pain. There are other topical treatments that could be considered. Lidoderm is not considered medically necessary.