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| Case Number: | CM15-0202307 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 04/10/1995 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/10/2015 |
| 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: Texas, 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:

This is a 54 year old male patient, who sustained an industrial injury on April 10, 1995. He reported an injury to his left knee. The diagnoses include chronic bilateral knee pain, bilateral knee post-traumatic osteoarthritis and previous bilateral knee arthroscopy surgeries. Per the doctor's note dated October 5, 2015, he had complaints of bilateral knee pain with intermittent swelling in the knees. The pain was rated as a 7 on a 1-10 pain scale. He noted an increase in pain over the past five weeks prior to exam date and an increased pain with prolonged sitting. Physical examination of the knees revealed mild joint selling and moderate medial joint line tenderness bilaterally; severe crepitus in both knees on range of motion testing. The medications list includes norco and lidoderm patch. The patient was prescribed celebrex, elavil and ambien by other physician. His surgical history includes bilateral knee arthroscopic surgeries, right lateral epicondyle release, right ulnar nerve transposition and revision, left lateral epicondyle release and left hallux ligament repair and revision. Treatment to date has included diagnostic studies, surgery, medication and injections. Per the notes dated March 16, 2015, he was last seen on 03- 09-2015 with his 4th set of bilateral knee Supartz injections. He had not noted any benefit from the injections at the time of that exam. The treatment plan included a urine drug screen, Norco, Lidoderm patch, bilateral neoprene knee sleeves for compression, consideration for referral to an orthopedic surgeon and a follow-up visit. On October 10, 2015, utilization review denied a request for Lidoderm patch #60 and one bilateral neoprene knee sleeves.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lidoderm (lidocaine patch).

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

Decision rationale: 1 prescription of Lidoderm patch #60 According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines "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 antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient was taking elavil. Failure of anticonvulsant is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Evidence of post-herpetic neuralgia is not specified in the records provided. The 1 prescription of Lidoderm patch #60 is not medically necessary for this patient.

1 Bilateral neoprene knee sleeves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Compression garments.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: 1 Bilateral neoprene knee sleeves Per the ACOEM guidelines "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear, is not specified in the records provided. Response to conservative therapy including physical therapy is not specified in the records provided. The 1 Bilateral neoprene knee sleeves is not medically necessary for this patient at this time.