

Case Number:	CM15-0206453		
Date Assigned:	10/23/2015	Date of Injury:	04/13/2000
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: Physical Medicine & Rehabilitation

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 70 year old female who sustained a work-related injury on 4-13-00. Medical record documentation on 9-8-15 revealed the injured worker was being treated for right knee sprain, right hip sprain with labral tear, labral tear 13 x 8 mm and chondral femoral head cartilage loss with femoral acetabular impingement syndrome, left knee sprain with posterior arthritis with replacement, lumbar sprain, lumbar spine stenosis, bilateral carpal tunnel syndrome and upper back-neck-right shoulder pain. She noted low back pain, mid-upper back pain, neck pain and bilateral wrist pain. She reported increased pain with prolonged sitting and with most movements. She reported that physical therapy does help with her symptoms. She can stand for five minutes, walk for 20 minutes and lift 16 pounds. She can handle some dishes and laundry. The injured worker reported that Lidoderm patches help to reduce her pain rating by 2 on a 10-point scale and reduce her opiate use. Her medication regimen included Vivelle-Dot 0.025 mg patch and Lidocaine 5% external patch (since at least 3-24-15). Objective findings included range of motion of her hips with flexion to 90 degrees seated. Her left knee had a range of motion to include extension to 0 degrees and flexion to 90 degrees. She had full ankle-foot range of motion with flexion and extension. A request for Lidocaine 5% (Lidoderm) patch #30 with 2 refills was received on 9-18-15. On 9-25-15, the Utilization Review physician determined Lidocaine 5% (Lidoderm) patch #30 with 2 refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (Lidoderm) patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

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

Decision rationale: Based on the 9/8/15 progress report provided by the treating physician, this patient presents with ongoing left knee pain with prolonged standing/walking, more manageable hip pain that increases with prolonged sitting/most movements, and low back pain, mid/upper back pain, neck pain, and bilateral wrist pain. The treater has asked for LIDOCAINE 5% (LIDODERM) PATCH #30 WITH 2 REFILLS on 9/8/15. The patient's diagnoses per request for authorization dated 9/8/15 are hip and/or thigh strain and left knee sprain. The patient is s/p left knee replacement from 1/23/14 per 9/8/15 report. The patient also has a right hip labral tear 13x8mm and chondral femoral head cartilage loss with femoral acetabular impingement syndrome present per 8/3/15 report. The patient had a flare-up of back and knee pain per 8/3/15 report. The patient is currently not working as of 8/3/15 report. MTUS Guidelines, Topical Analgesics section, pg. 112 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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." The treater has not discussed the request per review of reports. In this case, treater states that Lidoderm patches reduce her pain by 2/10 and reduce her opiate use per requesting 9/8/15 report. However, the treater also does not explain what condition this patient is using the Lidoderm patches. It is indicated for neuropathic pain that is peripheral and localized, but it appears it is being used for the patient's diffuse musculoskeletal pain of the knees, for which lidocaine is not indicated. Therefore, the request IS NOT medically necessary.