

Case Number:	CM15-0023958		
Date Assigned:	02/13/2015	Date of Injury:	10/08/2013
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Washington

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 66-year-old male who reported an injury on 10/08/2013. The mechanism of injury was not stated. The current diagnoses include enthesopathy of the knee and other internal derangement of the knee. The injured worker presented on 01/05/2015 for a follow up evaluation with complaints of left medial knee pain as well as low back pain. The injured worker was utilizing a single point cane for ambulation assistance. Upon examination, there was an antalgic gait with tenderness along the left medial joint line. The current medication regimen includes naproxen 375 mg, simvastatin 20 mg, Protonix 40 mg, Wellbutrin 150 mg, and trazodone 50 mg. Recommendations at that time included an aquatic therapy program. The injured worker was also issued a prescription for topical Lidoderm patch. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch, Qty. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines recommend lidocaine for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant such as gabapentin or Lyrica. In this case, there is no indication that this injured worker suffers from neuropathic pain or localized peripheral pain. A trial of Lidoderm patches was recommended for osteoarthritis pain. However, the osteoarthritis is not a current indication for topical lidocaine. There is no mention of a failure of first line treatment. Given the above, the request is not medically appropriate in this case.