

Case Number:	CM15-0023977		
Date Assigned:	02/13/2015	Date of Injury:	10/27/2008
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
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

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:

The injured worker is a 51 year old female with an industrial injury dated October 27, 2008. The injured worker diagnoses include status post two remote right knee arthroscopic surgeries, tear of lateral cartilage or meniscus of knee, left knee pain and low back pain with right lower extremity symptoms. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/4/2014, the injured worker reported bilateral knee pain and low back pain with lower extremity symptoms. Physical exam revealed bilateral knee tenderness and spasm of lumboparaspinal musculature less pronounced. The treating physician prescribed Lidoderm patches 5% number to boxes. Utilization Review determination on January 23, 2015 denied the request for Lidoderm patches 5% number to boxes, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% number to boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 67, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with right knee pain rated 6/10, left knee pain rated 3/10, and low back pain rated 5/10 which radiates into the right lower extremity. The patient's date of injury is 10/27/08. Patient has no surgical history directed at this complaint. The request is for LIDODERM PATCHES 5% NUMBER TO BOXES. The RFA is dated 01/09/15. Physical examination dated 12/04/14 reveals tenderness to palpation of the bilateral knees, spasm and pain in the lumbar paraspinal muscles - less pronounced than last visit. The patient is currently prescribed Cyclobenzaprine, Ibuprofen, Pantoprazole, and Lidoderm patches. Diagnostic imaging was not included. Patient is classified as temporarily partially disabled. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: 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. Page 112 also states, Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain. When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regards to what appears to be a request for two boxes of Lidoderm patches for the management of this patient's chronic intractable pain, the patient does not present with peripheral and localized neuropathic pain. The patient has low back pain with radiating leg symptoms. This is not a localized neuropathic pain amenable to topical Lidocaine patches. These patches are not indicated for low back pain or axial chronic pain. Furthermore, there is no evidence of trial and failure of anti-depressant or AED medications. The request IS NOT medically necessary.