

<b>Case Number:</b>	CM15-0026177		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: 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 66-year-old female sustained an industrial injury on 3/4/10, with subsequent ongoing hip, low back, left wrist, left elbow, left shoulder and bilateral knee pain. Magnetic resonance imaging lumbar spine (12/14/12) showed multilevel degenerative changes with disc bulge and mild stenosis. Magnetic resonance imaging left knee (1/15/13) showed lateral displacement of the meniscus without a tear. Magnetic resonance imaging left elbow (1/24/13) was normal. Electromyography (2/15/13) showed chronic right L5 radiculopathy. Treatment included left knee arthroscopy with decompression and partial medial meniscectomy (2012), left trigger thumb release (2011), left shoulder rotator cuff repair (2011), epidural steroid injection (11/6/14), physical therapy and medications. In a progress note dated 1/5/15, the injured worker complained of increased pain to bilateral knees, neck, left thigh, right hip and low back pain with radiation to bilateral lower extremity. Physical exam was remarkable for tenderness to palpation to the neck, right hip, bilateral knee and lumbar spine with muscle spasms to the trapezius and lumbar spine, restricted range of motion to the left shoulder and lumbar spine and swelling to the left elbow and left knee. Current diagnoses included left elbow contusion, left elbow tendonitis, bilateral knee contusion, left wrist tendonitis, right hip sprain, low back sprain, right hip labral tear and left shoulder injury. The treatment plan included continuing medications (Naproxyn, Prilosec, Neurontin, Norco, Valium and Terocin patch) and using Lidocaine patches to right trapezius and right knee due to denial of Ketoprofen cream. On 2/6/15, Utilization Review non-certified a request for Lidocaine patches citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 56-57.

**Decision rationale:** According to guidelines Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. According to the medical records, there is no indication as to why Lidoderm is needed and thus Lidoderm Patches are not medically necessary.