

Case Number:	CM15-0028077		
Date Assigned:	02/20/2015	Date of Injury:	10/05/2004
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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 70 year old female who sustained an industrial injury on 10/05/2004. Current diagnoses include pain in joint lower leg, osteoarthritis, and overweight and obesity. Previous treatments included medication management. Report dated 01/28/2015 noted that the injured worker presented with complaints that included left knee pain. Pain level was rated as 7-8 out of 10 on the visual analog scale (VAS). Current medication regimen includes Norco and Lidoderm patches. The injured worker was prescribed Lidoderm patches on 12/17/2014. Physical examination was positive for abnormal findings. Utilization review performed on 02/06/2015 non-certified a prescription for Lidocaine pad, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5%, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 56-57.

Decision rationale: According to the 01/28/2015 report, this patient presents with swelling, aching left knee pain. The current request is for Lidocaine Pad 5%, #60. The request for authorization is not included in the file for review. The patient's work status is restricted per PTP. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The provided medical reports show the patient has left knee pain that is peripheral and localized without neuropathic pain. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed. The MTUS does not support the use of Lidoderm patch without documentation of neuropathic pain that is peripheral and localized. The current request IS NOT medically necessary.