

<b>Case Number:</b>	CM15-0028403		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Texas, 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 is a 57 year old female patient, who sustained an industrial injury on 03/28/2012. She sustained the injury due to tripped and fell. The current diagnoses include left knee tri-compartmental osteoarthritis medial compartment and degenerative joint disease/osteoarthritis. Per the doctor's note dated 01/12/2015, she had complaints of bilateral knee pain, right greater than left. Physical examination of the bilateral knees revealed mild crepitus, tenderness over the medial compartment and range of motion 0 to 110 degrees. The medications list includes diclofenac, norco and lidoderm patches. Her surgical history includes lumbar surgery, bladder surgery, hysterectomy, left hand surgery and left carpal tunnel release. Previous treatments included medication management, Orthovisc injection, and physical therapy. Utilization review performed on 02/03/2015 non-certified a prescription for Lidoderm patches, 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:

**Lidoderm patches 5% # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113, Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Request: Lidoderm patches 5% # 30. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications for pain other than opioids is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm patches 5% # 30 is not fully established for this patient.