

Case Number:	CM15-0212865		
Date Assigned:	11/02/2015	Date of Injury:	05/03/2011
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/28/2015

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 54 year old female who sustained an industrial injury on 05-03-2011. According to a progress report dated 07-06-2015, the injured worker was seen in follow up of right knee pain, low back pain and left hip pain. She was not able to tolerate Tramadol due to migraine headaches and sickness. She trialed Medrol Dosepak and had an adverse reaction. She utilized naproxen occasionally with benefit. She tried Salonpas patches in the past with some benefit, but it did not provide adequate analgesia. She reported an increase in left hip pain and right knee pain. She also reported that the sole of her right foot would cramp up on her at night. Lower back pain radiated into her right lower extremity and extended down to her right foot. Current medications included Naproxen, Pantoprazole, Diclofenac Sodium cream, Tramadol and Maxalt. Diagnoses included sprain strain lumbar region, tear lateral meniscus knee and sciatica. Prescriptions were provided for Lidoderm 5% patch, apply to skin 12 hours on, 12 hours off quantity 30 and Naproxen. Work status was noted as permanent and stationary with permanent restrictions. According to an appeal letter dated 09-14-2015, the provider noted that the injured worker was allergic to Vicodin, Vioxx, Oxycodone and Darvocet. Ultracet made her nauseous and caused migraine headaches. She was trialed on Medrol Dosepak and had an adverse reaction. She had complaints of gastrointestinal upset like heartburn, nausea, abdominal pain and black and tarry stools. An authorization request dated 09-16-2015 was submitted for review. The requested services included Lidoderm 5% patch 700 mg-patch #30 for date of service 07-06-2015. On 09-30-2015, Utilization Review non-certified the request for Lidoderm 5% patch (700 mg-patch) #30 (date of service 7-6-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch) #30 (DOS 7/6/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The patient presents on 07/06/15 with right knee, lower back, and left hip pain. The patient's date of injury is 05/03/11. The patient is status post right knee arthroscopy at a date unspecified. The request is for Lidoderm 5% patch (700MG/PATCH) #30 (DOS 7/6/15). The RFA is dated 09/16/15. Physical examination dated 07/06/15 reveals an antalgic gait, tenderness to palpation of the left hip, and spasms/guarding in the lumbar spine. The patient is currently prescribed Naproxen, Pantoprazole, Diclofenac cream, Ultracet, and Maxalt. Patient's current work status is not provided. MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 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.)" MTUS Topical analgesics section, page 112 also states: "Lidocaine indication: neuropathic pain, recommended for localized peripheral pain." In regard to Lidoderm patches for this patient's chronic right knee pain with a neurological component, the request is appropriate. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. Per UR denial appeal letter dated 09/14/15, the provider states the following: "continues to present with right knee pain. Her condition has not improved and she has developed numbness and tingling below the right knee. We requested a prescription of Lidoderm 5% patch, however, our request has been denied due to the reasons mentioned above." In this case, it appears that Lidoderm patches were provided to this patient for her localized neuropathic right knee pain, which developed after an arthroscopic surgery. Given the evidence of a localized peripheral neuropathic pain for which Lidoderm patches are considered an appropriate measure, this retrospective request for Lidoderm patches is substantiated. Therefore, the request is medically necessary.