

Case Number:	CM15-0215840		
Date Assigned:	11/05/2015	Date of Injury:	06/30/2010
Decision Date:	12/16/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female, who sustained an industrial injury on 6-30-10. Medical records indicate that the injured worker is undergoing treatment for carpal tunnel syndrome bilaterally, cervical spine-trapezius sprain-strain with spondylosis, lumbar-thoracic spine sprain-strain with left lower extremity radiculitis, lumbar spondylosis including disc degeneration and facet degeneration at lumbar five-sacral one, bilateral elbow cubital tunnel syndrome, bilateral knee sprain-strain, chronic pain syndrome, anxiety and depression. The injured worker is currently not working. On (10-7-15) the injured worker complained of bilateral knee and wrist pain. The pain was rated 5-6 out of 10 on the visual analog scale. Examination of the bilateral knees revealed tenderness to the medial joint line and peripatellar region bilaterally. Bilateral crepitus was noted bilaterally. Right knee range of motion revealed flexion 125 degrees and extension 123 degrees. The injured worker ambulated with a limp favoring the right lower extremity. Examination of the bilateral wrists revealed tenderness and a positive Phalen's and Tinel's test. The referenced progress report was handwritten and difficult to decipher. Treatment and evaluation to date has included medications, x-rays, ultrasound, transcutaneous electrical nerve stimulation unit, cortisone injection to both carpal tunnels, chiropractic treatments, home exercise program and physical therapy. Current medications include Lidoderm patches for treatment of chronic pain syndrome. The Request for Authorization dated 10-7-15 included a request for Lidoderm patches #60 to the bilateral knees. The Utilization Review documentation dated 10-28-15 non-certified the request for Lidoderm patches #60 to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #60: Upheld

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).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 10/7/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore the request is not medically necessary.