

Case Number:	CM15-0217035		
Date Assigned:	11/06/2015	Date of Injury:	03/24/2015
Decision Date:	12/18/2015	UR Denial Date:	10/27/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45-year-old female, who sustained an industrial injury on 3-24-2015. The medical records indicate that the injured worker is undergoing treatment for right knee medial and lateral meniscus tear. According to the progress report dated 9-24-2015, the injured worker presented with complaints of recurrent symptoms in the right knee. The physical examination of the right knee reveals tenderness over the medial and lateral joint line, positive McMurray's sign, and range of motion 0 to 125 degrees. The current medications are not specified. Previous diagnostic studies include MRI of the right knee. Treatments to date were not indicated. Work status is described as modified duties with restrictions. The original utilization review (10-27-2015) had non-certified a request for Lidocaine 5% pad #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects, Topical Analgesics.

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

Decision rationale: MTUS Guidelines have very specific criteria to support the use of topical Lidocaine for chronic pain. These criteria include the presence of a neuropathic pain syndrome that has not responded to first line oral medications (i.e. anti-epilepsy or antidepressant drugs). The Guideline criteria have not been met to justify the use of topical lidocaine. There is no reasonable medical evidence of a significant neuropathic pain syndrome as the medical history; examination and diagnosis do not support this. In addition, there has been no prior trials and failure of oral medications if there was a neuropathic pain syndrome. Under these circumstances, the Lidocaine pad 5% #30 is not supported by Guidelines and is not medically necessary.