

Case Number:	CM15-0221592		
Date Assigned:	11/18/2015	Date of Injury:	10/28/1983
Decision Date:	12/31/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male sustained an industrial injury on 10-28-83. Documentation indicated that the injured worker was receiving treatment for chronic bilateral knee pain. Previous treatment included left total knee arthroplasty (2004), right total knee arthroplasty (2011), revision of total knee arthroplasty (1-12-15), physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit, heat and ice, home exercise and medications. In the most recent visit note submitted for review, dated 6-5-15, the injured worker complained of knee and lower leg pain, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for bilateral knees with 4 out of 5 motor strength, left knee range of motion: extension 0 degrees, right knee range of motion: extension +40 degrees, paresthesias to light touch in the left leg, positive sacroiliac joint compression test and right knee with positive McMurray's test and patellar compression test and moderate laxity with varus and valgus stress. Current medications included Protonix, Oxycodone, Naproxen Sodium, Omeprazole, Colace and Amitiza. On 10-28-15, a request for authorization was submitted for Lidoderm 5% topical film. On 11-10-15, Utilization Review noncertified a request for Lidoderm 5%, Topical Film, #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm 5%, Topical Film, 1 Patch QD PRN QTY: 30 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.rxlist.com/lidoderm-drug.htm>; Official Disability Guidelines, Lidoderm.

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

Decision rationale: The claimant has a remote history of a work injury in October 1983 when he was crushed between two cars with injuries to both knees. He underwent a left total knee replacement in February 2004 and a right total knee replacement in January 2011 with revision done in January 2015. He had post-operative physical therapy but continues to have right knee, bilateral hip, and low back pain. When seen, he had pain rated at 9/10. Medications included Lidoderm and Voltaren gel. There was decreased right knee range of motion with a 15 to 20 degree extensor lag. Lidoderm and Voltaren gel were refilled. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, the claimant is also using topical Voltaren. He does not have findings of neuropathic pain. There are other topical treatments that could be considered. Lidoderm is not considered medically necessary.