MAXIMUS Federal Services

Case Number:	CM15-0224588		
Date Assigned:	11/23/2015	Date of Injury:	01/29/2015
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

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: 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 49-year-old female, with a reported date of injury of 01-29-2015. The diagnoses include bilateral knee contusion, bilateral knee patellofemoral chondromalacia and arthritis, and complex regional pain syndrome of the bilateral lower extremities. The progress report dated 08-04-2015 indicates that the injured worker complained of pain to the bilateral knees and dorsum of the left foot. She reported anterior swelling and "ballooning" of the left knee, with a burning sensation. The injured worker also reported right knee lateral and posterior pain that was described as burning from time to time. She rated her pain 3 out of 10. It was noted that the injured worker was working with restrictions. The physical examination showed bilateral knee extension at 0 degrees; right knee flexion at 120 degrees; left knee flexion at 100 degrees with pain; tenderness to palpation of the left lateral joint line; tenderness to palpation of the bilateral patella tendon; positive tenderness to palpation of the bilateral medial and patella; positive bilateral McMurray's test; and pain with patella compression, bilaterally. It was noted that an MRI of the right knee on 04-07-2015 showed chondral thinning of the patellofemoral compartment with areas of chondral fissuring in the patella median ridge and the medial facet with no full-thickness chondral defect, and minimal degenerative signal in the posterior horn and body of the medial meniscus; an MRI of the left knee on 04-07-2015 showed chondral thinning in the patellofemoral joint; chondral fissure in the medial facet; and posterior horn medial meniscal degeneration; and x-rays of the bilateral knees on 03-17-2015 showed a non-displaced vertical fracture line throughout the patella.The medical report dated 10-23-2015 indicates that the injured worker had bilateral knee pain, which was worsened by activity, walking, squatting, and kneeling. The pain was rated 3 out of 10. She receives 50% pain relief

with the current medications. Heartburn was noted as an adverse effect. The physical examination showed 100 degrees of flexion of the bilateral knees; full extension of the knees; tenderness of the infrapatellar ligament, bilaterally with allodynia; and some palpable crepitus in the left knee. The injured worker's disability status was noted as modified duties.The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included physical therapy, Ibuprofen, Tylenol, TENS unit, and Medrol Dosepak. The request for authorization was dated 10-28-2015. The treating physician requested Lidocaine 5% ointment 100 grams #1.On 11-06-2015, Utilization Review (UR) non-certified the request for Lidocaine 5% ointment 100 grams #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Ointment 100gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for Lidocaine 5% Ointment 100GM #1. Treatment history include physical therapy, Ibuprofen, Tylenol, TENS unit, and Medrol Dosepak. The patient is on modified duty. The MTUS Topical Analgesics section, page 111 has the following: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine -whether creams, lotions or gels- are indicated for neuropathic pain..." Per report 10/23/15, the patient presents with bilateral knee pain. The physical examination showed 100 degrees of flexion of the bilateral knees, full extension of the knees, tenderness of the infrapatellar ligament, bilaterally with allodynia and some palpable crepitus in the left knee. The patient is using Neurontin and Lidocaine 5% ointment with 50% improvement in pain. The treater recommended refill of medications. MTUS guidelines only support Lidocaine in patch form, not cream/gel/lotion form. While this patient presents with chronic knee pain, lidocaine in an ointment form is not supported by MTUS. Therefore, the request IS NOT medically necessary.