

Case Number:	CM15-0031863		
Date Assigned:	02/25/2015	Date of Injury:	11/14/2014
Decision Date:	04/10/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/20/2015

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 29 year old female, who sustained an industrial injury on November 14, 2014. She has reported neck pain and right knee pain. The diagnoses have included knee sprain with a Baker's cyst and neck strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies and work duty modifications. Currently, the IW complains of neck pain and right knee pain. The injured worker reported an industrial injury in 2014, resulting in knee and neck pain. She noted a clicking n the knee and stiffness in the neck. She reported slipping and falling on a wet floor. There was no immediate swelling and radiographic imaging revealed a Baker's cyst in the knee. On evaluation on January 29, 2015, revealed an athletic, healthy appearing woman. She reported the knee was improving, however, there was residual stiffness. Evaluation on February 23, 2015, revealed the injured worker reported feeling better with constant burning and stabbing in the right knee. She was prescribed pain medications and a muscle relaxer. On January 20, 2015, Utilization Review non-certified a request for Prospective use of Lidocaine 5% Patch #30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 14, 2015, the injured worker submitted an application for IMR for review of requested Prospective use of Lidocaine 5% Patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Lidocaine 5% Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: According to the 01/07/2015 report, this patient presents with "right knee pain, per patient getting better." The current request is for Prospective use of Lidocaine 5% Patch #30 and this patch was first mentioned in the 12/17/2014 report. The request for authorization is not included in the file for review. The patient's work status is "modified work." The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. The provided medical reports show the patient has knee pain that is peripheral and localized but non-neuropathic. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed. The MTUS does not support the use of Lidocaine patch without documentation of neuropathic pain that is peripheral and localized. The current request IS NOT medically necessary.