

Case Number:	CM15-0035644		
Date Assigned:	03/04/2015	Date of Injury:	01/17/2007
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/25/2015

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 69 year old female, who sustained an industrial injury on 1/17/07. She has reported left knee injury. The diagnoses have included status post right knee replacement, status post left knee replacement, status post revision of left knee replacement, low back pain, lumbar mechanical pain, left medial epicondylitis, right hip pain and possibility of lumbar radiculopathy. Treatment to date has included bilateral knee replacement with revision of left knee replacement, steroid left knee injection, physical therapy, narcotic medications and topical medications. Currently, the injured worker complains of bilateral knee pain, worse with standing and walking and associated with swelling; she also complains of low dull achy back pain. Tenderness is noted of bilateral knee joint which is worse medially, right knee joint swelling noted worse on the medial side, tenderness noted in the lumbar facet joint bilaterally and limited mobility of lumbar spine are noted on physical exam dated 1/9/15. On 1/22/15 Utilization Review non-certified Lidocaine pad 5% #30, noting it is recommended for localized peripheral pain after evidence of a trial of first-line therapy; medical records provided did not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. The MTUS, ACOEM Guidelines, was cited. On 2/23/15, the injured worker submitted an application for IMR for review of Lidocaine pad 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5%, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112.

Decision rationale: The MTUS recommends lidocaine patches only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine Pad 5%, Qty 30 is not medically necessary.