

Case Number:	CM15-0035650		
Date Assigned:	03/04/2015	Date of Injury:	08/27/2012
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
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 66 year old female who sustained an industrial injury on 08/27/2012. Diagnoses include left knee pain, degenerative joint disease, and status post medial meniscectomy of the left knee Treatment to date has included physical therapy, aquatic therapy, and use of a knee brace, medications, and steroid injection to the left knee with no benefits, and status post arthroscopy and medial partial meniscectomy in 12/2012. A physician progress note dated 12/14/2014 documents the injured worker has persistent left knee pain and it is rated 3-4 out of 10. Her pain is a constant achy pain and is associated with intermittent sharp shooting and stabbing pain radiating to the left leg. Medications help with her pain. The injured worker has an antalgic gait noted on the left. Tenderness is present in the left knee joint line with is worse medially. Left knee extension is normal and flexion is 115 degrees. Strength is 4+/-5 in the left knee extension and flexion. Magnetic Resonance Imaging is unable to be done due to a pacemaker. Treatment requested is for Lidocaine gel 2%. On 01/23/2015 Utilization Review non-certified the request for Lidocaine gel 2% and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine gel 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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

Decision rationale: The MTUS recommends lidocaine gel 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 gel 2% is not medically necessary.