

Case Number:	CM15-0052966		
Date Assigned:	03/26/2015	Date of Injury:	08/28/2009
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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, 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:

The injured worker is a 62 year old female who sustained an industrial, bilateral knee, injury on 8/28/2009. Multiple other industrial injuries, with multiple different dates of injury, were noted. Her diagnoses, and/or impressions, include significant lingering pain and dysfunction and adhesive capsulitis of the left shoulder - post-operatively; improved following De Quervain's release for synovitis of the left thumb extensor; and bilateral knee pain osteoarthritis; and chondromalacia of patella. Current x-rays of the left shoulder and bilateral knees are noted (10/28/14), and the left knee on 2/3/2015. Current magnetic resonance imaging studies of the left knee was noted on 11/4/14. Her treatments have included analgesic gel, an anti-inflammatory; braces for both knees, epidural steroid injection therapy - left knee; the use of a cane; and medication management. The physician's progress notes of 11/20/2014 reported low back pain, worsening depression, and seizures, however her primary complaints included left knee and left shoulder pain; tingling and burning in the left arm, left thumb, and right shoulder; locking up of the left knee; and left elbow pain. The physician's requests for treatment included Lidocaine (Lidoderm) 6% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine (Lidoderm) 6% patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Pain Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 - (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.