

<b>Case Number:</b>	CM15-0055413		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	01/27/2006
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Family Practice

### 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 53 year old female, who sustained an industrial injury on 01/27/2006. She reported a slip and fall with injury to the right knee. Diagnoses include effusion of knee joint, right knee pain, and non-traumatic rupture of patellar tendon, right. She is status post total knee replacement followed by knee revision replacement. Treatments to date include medication therapy, physical therapy, and use of a knee brace. Currently, the medical records indicated a fall due to right knee instability, causing an ankle fracture in September 2014. A right knee surgery was scheduled for May 2014, to correct the rupture of the patellar tendon, which was postponed for personal reasons and then postponed due to the acute ankle fracture. On 3/10/15, she continued to complain of right knee pain and acute worsening of the condition. The physical examination documented severe pain and swelling of the right knee. The plan of care included continued medication therapy pending follow up with orthopedics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Gel 5%, 37m x 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended 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). 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. The MTUS Chronic Pain Medical Treatment Guidelines specifically state that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, the MTUS guidelines note that in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. In this case, the injured worker is not diagnosed with neuropathic pain and topical lidocaine is not recommended in a gel formulation. The request for Lidocaine Gel 5%, 37m x 3 is not medically necessary and appropriate.