

<b>Case Number:</b>	CM15-0088230		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 53 year old female patient who sustained an industrial injury on 04/21/2010. The employee was working regular duty as a purchaser, shipping and receiving person she climbed up onto a machine and as she was descending, she jumped off the machine landing a distance of approximately three feet and her right knee buckled and went underneath her upon the fall. She had immediate onset of right knee and right ankle pain. She was evaluated treated and underwent radiographic imaging to be released to a modified work duty. Subsequently, the pain persisted and she ultimately underwent surgical intervention in October of 2010. She participated in post-operative physical therapy course, injections and continued pain. A primary treating office visit dated 11/03/2014 reported subjective complaint of having bilateral knee and right ankle pain. The chief complaint was bilateral knees, right ankle pain, sleep disturbance and psychological concern. In addition, she complains of diarrhea, and blurred vision. She last worked in 2012-2013. The following diagnoses were applied: right knee meniscal tear; status post right knee arthroscopy times two; right knee posttraumatic osteoarthritis, and chronic compensatory strain of left knee and aggravation with acceleration of underlying degenerative joint disease. An injection noted administered this visit to bilateral knees along with a one platelet rich plasma injection to bilateral knees and urine drug screen obtained.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5%:** 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): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p 112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). It is not noted how long the injured worker has been using lidoderm patches. There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.