

Case Number:	CM14-0139908		
Date Assigned:	09/08/2014	Date of Injury:	04/09/2010
Decision Date:	12/19/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Gastroenterology and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported an injury on 04/09/2010 while working as a corrections officer. She was transporting 15 to 20 girls when 2 girls got into a fight. As she tried to restrain the first girl, the second girl, in an attempt to kick the first girl, stomped on the injured workers knee, causing immediate pain. The injured worker had a diagnosis of left hip osteoarthritis. The injured worker is status post left hip scope on 09/21/2012. The objective findings dated 07/17/2014 of the left hip included a flexion of 90 degrees, and extension of 10 degrees; ambulates with assistance of a cane. The injured worker rated her pain with medication 7/10, without medication was 8/10 to 9/10 using the visual analog scale (VAS). The injured worker was positive for joint pain, muscle spasms, and sore muscles. No medications were provided. Treatment plan included Lidoderm patch. The request for authorization was not submitted with documentation. The rationale for the Lidoderm patch was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% q12h: 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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm Patch 5% q12h is not medically necessary. The California MTUS guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an Antiepileptic drug (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. The documentation was not evident of the injured worker having a trial of antidepressants or anticonvulsants having been failed. Lidoderm is indicated for peripheral pain and not as a first line of therapy. The request did not address the duration. Additionally, the clinical notes did not address what medications the injured worker was currently prescribed. The clinical notes are partially illegible. As such, the request is not medically necessary.