

Case Number:	CM14-0168784		
Date Assigned:	10/16/2014	Date of Injury:	10/12/2009
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

According to the records made available for review, this is a 53-year-old female with a 10/12/09 date of injury. At the time (9/23/14) of request for authorization for POS Lidocaine Pad 5% #30 with 2 refills, prescription date of 9/24/2014, there is documentation of subjective (pain in the left buttocks that radiates down the left leg with numbness throughout the leg; and significant left knee swelling during activity) and objective (significant limp on the left, decreased lumbar range of motion, decreased strength of the left extensor hallucis longus, diminished sensation throughout the left lower extremity, absent patellar and Achilles reflexes on the left, and tenderness to palpation over the left buttock) findings, current diagnoses (chronic lumbosacral strain, left knee strain versus left medial meniscus tear, probable internal derangement of the left knee, bilateral trochanteric bursitis, and large lipoma contained within the left buttock), and treatment to date (ongoing therapy with Lidoderm patches). Medical report identifies a request to refill Lidoderm patches. There is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed or of functional benefit or improvement such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Lidoderm patch/pad use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS Lidocaine Pad 5% #30 with 2 refills (Rx Date 09/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies criteria necessary to support the medical necessity of a lidocaine patch, including documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. The MTUS Definitions section identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic lumbosacral strain, left knee strain versus left medial meniscus tear, probable internal derangement of the left knee, bilateral trochanteric bursitis, and large lipoma contained within the left buttock. In addition, there is documentation of neuropathic pain. However, there is no documented evidence that a trial of first-line therapy has failed. In addition, given documentation of ongoing treatment with Lidoderm patches, there is no documentation of functional benefit or improvement, as defined by the MTUS, as a result of Lidoderm patch/pad use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.