

Case Number:	CM14-0168787		
Date Assigned:	10/16/2014	Date of Injury:	07/23/1999
Decision Date:	11/18/2014	UR Denial Date:	09/29/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured is a 73 year old female with an injury date of 07/23/99. Based on the 09/15/14 progress report provided by [REDACTED], the injured worker complains of right knee pain rated 9/10. Physical examination to the right knee reveals swelling in the knee joint. Active range of motion is 110 degrees flexion and 0 degrees extension. Crepitus present on passive range of flexion to extension. Per progress report dated 05/12/14, injured worker's medications include Lidoderm, Norco, Mobic and Protonix. She reports 50% reduction in her pain and 50% functional improvement with activities of daily living with medications, versus not taking them at all. Treater states, Lidoderm is to be applied daily for neuropathic burning pain in her knee. Diagnosis 09/15/14- right knee pain. - history of right knee arthroscopy with severe degenerative joint disease in the right knee with patellofemoral syndrome- pending total knee replacement- history of left total knee replacement- history of CVA with left-sided facial weakness, slurred speech now resolved- history of coronary artery disease- history of dyspepsia from medications prescribed, stable with Protonix. [REDACTED] is requesting Lidoderm patch 5% #30. The utilization review determination being challenged is dated 09/29/14. The rationale is "no evidence of objective functional improvement supporting the subjective benefit." [REDACTED] is the requesting provider, and he provided treatment reports from 03/11/14 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: 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), Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per progress report dated 05/12/14, injured worker's medications include Lidoderm, Norco, Mobic and Protonix. She reports 50% reduction in her pain and 50% functional improvement with activities of daily living with medications. In this case, the injured worker presents with peripheral pain in the right knee, and treater has indicated that it is of neuropathic nature. However, the injured worker has arthritic knee pain which is not neuropathic in nature. Review of the reports does not show that the injured worker has peripheral, localized neuropathic pain. The request for Lidoderm patch 5% #30 is not medically necessary.