MAXIMUS Federal Services

Case Number:	CM14-0135738		
Date Assigned:	08/29/2014	Date of Injury:	12/16/2006
Decision Date:	05/01/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 50-year-old female who sustained an industrial injury on 12/16/2006. Diagnoses include revision of right total knee arthroplasty (TKA), right knee arthrotomy with lysis of adhesions and right TKA with continuing pain. Treatment to date has included medications, physical therapy (PT) and aqua therapy. Diagnostics performed were not included in the documentation reviewed. According to the progress report dated 08/06/14, the IW reported pain and weakness in the bilateral knees. She walked with a limp and used a cane. The documentation was partially illegible. A request was made for Lidoderm patch for right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, strength (not specific) quantity #40, apply patch to right knee 12 hrs on and 12 hrs off: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Guidelines state lidocaine patch may be appropriate for neuropathic pain after first line therapies such as antidepressants and anticonvulsants have failed. Use of lidoderm patch may be continued only if an increase in function and decrease in medications has been demonstrated. In this case, the presence of neuropathic pain is not demonstrated. Failure of first line therapy for such pain has also not been documented. The request for lidoderm patch 4% #40 is not medically necessary and appropriate.