

Case Number:	CM14-0213624		
Date Assigned:	12/31/2014	Date of Injury:	11/22/2012
Decision Date:	02/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 59 year old female with an injury date on 11/22/12. The patient complains of continued right knee pain rated 5/10 and right shoulder pain rated 6-7/10 with occasional numbness extending down right arm to all 5 fingers per 11/14/14 report. The patient uses a cane for ambulating longer distances, and uses topical creams with minimal results per 11/14/14 report. The patient's right knee pain is aggravated with extended periods of standing/walking, transitioning from seating to standing, and crouching/squatting per 8/5/14 report. Based on the 11/14/14 progress report provided by the treating physician, the diagnoses are: 1. s/p right shoulder arthroscopy. 2. Severe post-operative stiffness, right shoulder. 3. Cervical degenerative spine disease. 4. Right carpal tunnel syndrome. 5. Right medial meniscus tear. A physical exam on 11/14/14 showed "right shoulder range of motion is limited, and right knee range of motion is limited with flexion at 100 degrees." The patient's treatment history includes medications, H-wave therapy, heat compresses, topical cream, lumbar epidural steroid injection. The treating physician is requesting lidocaine patch 5% Qty: 60. The utilization review determination being challenged is dated 12/19/14 and denies request due to lack of documentation of failure of first-line therapy. The requesting physician provided treatment reports from 8/5/14 to 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% qty: 60: 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)Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch).

Decision rationale: This patient presents with right knee pain and right shoulder pain. The treater has asked for Lidocaine patch 5% qty: 60 but the requesting progress report is not included in the provided documentation. The patient has no record of prior use of Lidoderm patches, per review of reports. 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 (tri-cyclic 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. In this case, the patient has chronic pain of the shoulder/knee/wrist/hands. The indication for Lidoderm is peripheral, localized neuropathic pain. The treater does not indicate where this patch is to be used and for what reason. There is no discussion regarding the request at all and what the patient has tried that failed. The request is not medically necessary.