

Case Number:	CM15-0014823		
Date Assigned:	02/02/2015	Date of Injury:	02/19/2013
Decision Date:	05/26/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of February 19, 2013. In a Utilization Review report dated January 21, 2015, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator referenced a November 10, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a RFA form dated December 1, 2014, Lidoderm patches were reportedly endorsed for mononeuritis and knee joint pain. In as associated progress note dated November 10, 2014, the applicant reported ongoing complaints of chronic knee pain, 7/10. The applicant stated that pain complaints were severe and that she needed assistance in terms of bathing and dressing activities. The applicant was on Pravachol, Norvasc, methimazole, hydrochlorothiazide, aspirin, and potassium, it was acknowledged. The applicant was given diagnoses of mechanical knee pain status post earlier knee arthroscopy and saphenous neuralgia. Lidoderm patches were endorsed on account that the applicant was averse to and/or had experienced adverse effects with antidepressants and/or anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Yes, the request for Lidoderm patches was medically necessary, medically appropriate, and indicated here. As noted page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants. Here, the applicant apparently has localized peripheral pain or neuropathic pain associated with saphenous neuralgia. The applicant, per a progress note of November 10, 2014, had stated that she was averse to oral antidepressants and had reportedly exhibited unspecified adverse effects with the same. Introduction of lidocaine patches, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.