

Case Number:	CM15-0017762		
Date Assigned:	02/05/2015	Date of Injury:	07/18/2013
Decision Date:	07/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old male with a July 18, 2013 date of injury. A progress note dated January 14, 2015 documents subjective findings (no changes with regard to right knee; constant right knee pain rated at a level of 9/10; pain radiates to the right hip; knee gives out approximately twice a day; constant left foot pain rated at a level of 5/10), objective findings (decreased range of motion of the right knee; ambulating with a limp; mild swelling of the knees; bilateral medial joint line tenderness and slight lateral joint line tenderness; bilateral patellofemoral tenderness; McMurray positive bilaterally), and current diagnoses (right knee advanced osteoarthritis; left knee advanced osteoarthritis). Treatments to date have included medications, x-rays of the knees (December 16, 2014; showed advanced osteoarthritis of the right knee with osteophytes and decreased joint space; left knee with osteophytes and decreased joint space), bracing, right knee arthroscopy, physical therapy, and steroid injections. The treating physician documented a plan of care that included Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is 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). Within the documentation available for review, there is no indication of localized peripheral neuropathic pain after failure of first-line treatment. Given all of the above, the requested Lidoderm is not medically necessary.