

Case Number:	CM15-0116282		
Date Assigned:	06/30/2015	Date of Injury:	05/24/2006
Decision Date:	08/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York

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 is a 50 year old, male who sustained a work related injury on 5/24/06. He was walking up the stairs carrying equipment in both hands. He tripped and fell on both knees. The diagnoses have included knee pain and knee joint pain. Treatments have included oral medications, Lidoderm patches, ice therapy, home exercises, right knee surgery, TENS unit therapy and 2-3 physical therapy visits without improvement. In the Visit Note dated 5/12/15, the injured worker complains of right knee pain. He rates his pain level a 3/10 with medications and a 6/10 without medications. He complains of knee locking. He has restricted range of motion in right knee. Crepitus is noted with active movement. He has tenderness over lateral and medial joint lines. He states medications are working well. His activity level remains the same. He has taken Motrin in the past but that failed due to side effects. Not working at his job. He is volunteering for a few hours per day. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply 30 qty 30 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56, 111-112.

Decision rationale: Per CA MTUS guidelines, Lidoderm patches are a form of topical Lidocaine. "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." It is recommended for localized peripheral pain after there has been a trial of first line therapy of a tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an antiepileptic drug (AED) such as gabapentin or Lyrica. It is recommended as a second line treatment of peripheral and localized neuropathic pain. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain. Due to lack of documentation of neuropathic pain and no documentation that therapy with a tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an antiepileptic drug (AED) such as gabapentin or Lyrica has been trialed, the request for Lidoderm patches is not medically necessary.