MAXIMUS Federal Services

Case Number:	CM15-0117235		
Date Assigned:	06/25/2015	Date of Injury:	10/01/1990
Decision Date:	07/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 58-year-old female, who sustained an industrial injury on 10/1/90. The injured worker has complaints of right knee pain. The documentation noted that the injured workers left knee is feeling much better after synvisc injection. The posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity and there are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. There is decreased range of motion with obvious muscle guarding. Examination of the right knee reveals well-healed scar with limited range of motion lacking full flexion and extension on the right knee and left knee reveals positive tenderness along the medial and lateral joint line. The diagnoses have included intervertebral disc disorder with myelopathy, lumbar region. Treatment to date has included right knee arthroscopic surgery on 1/20/10; left knee arthroscopic surgery on 9/2/10; right knee arthroscopic in January 2012; right total knee arthroplasty in January 2013; manipulation of her right knee on 6/10/13 with subsequent femur fracture; norco; oxycontin; lidoderm patch; lyrica; physiotherapy to her right knee; electro-myography of the upper extremities on 8/25/11 showed left carpal tunnel syndrome and bilateral C6 nerve root irritation and lumbar spine magnetic resonance imaging (MRI) on 8/23/13 showed a 4 millimeter disc protrusion at L5-S1 (sacroiliac) with associated facet arthropathy, at L2-3 there is a 4 millimeter disc protrusion. The request was for lidoderm patch #30.

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 patches. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), topical patches.

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

Decision rationale: The requested Lidoderm patch #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker's left knee is feeling much better after synvisc injection. The posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity and there are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles. There is decreased range of motion with obvious muscle guarding. Examination of the right knee reveals well-healed scar with limited range of motion lacking full flexion and extension on the right knee and left knee reveals positive tenderness along the medial and lateral joint line. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patch #30 is not medically necessary.