

Case Number:	CM15-0118159		
Date Assigned:	06/30/2015	Date of Injury:	09/09/2013
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 42-year-old male with a reported date of injury of 09/09/2013. The mechanism of injury was not indicated in the medical records provided for review. The diagnoses include left knee chronic anterior cruciate ligament tear with lateral ligament tear and deep vein thrombosis in the left calf. Treatments and evaluation to date have included left knee arthroscopy with anterior cruciate ligament reconstruction and open lateral capsular ligament reconstruction on 05/14/2014, physical therapy, Ibuprofen, topical pain medication, a brace, and blood thinners. The diagnostic studies to date have included an ultrasound of the left lower extremity, x-rays, and an MRI. The diagnostic study results were not included in the medical records. The progress report dated 05/12/2015 indicates that the injured worker reported to the emergency room since the last visit on 04/28/2015, with swelling in his left lower extremity. A deep vein thrombosis (blood clot) was noted in the left lower extremity, and the injured worker was placed on blood thinners. He complained of left calf and thigh pain. The physical examination showed left knee range of motion at 0-130 degrees, no crepitus, minimal tenderness at the lateral joint line of the left knee, and 1+ dorsalis pedis. The injured worker's work status was noted as currently not working. The progress report dated 06/02/2015 indicates that the injured worker stated that he had pain and swelling in the left calf; however the left knee was doing okay. He sometimes had pain in the left side of the groin area, and stated that he had cramping in the left calf. The physical examination showed mild left leg swelling, a healed surgical incision on the left knee without signs of redness or drainage, range of motion of the left knee at 0-140 degrees, mild left calf tenderness, and 1+ dorsalis pedis. The injured worker's

work status was documented as modified duty (office work only) in the progress note, and a separate disability status form from the same date noted a work status of temporarily totally disabled. The treating physician requested Lidoderm 5% patch #30, with one refill. According to the medical records, the Lidoderm was first prescribed on 04/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30, with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57 and 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommends Lidoderm only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. There is no documentation that the injured worker had trials of tricyclic anti-depressants or anti-epileptic drugs. 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. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. The site of application and directions for use were not specified. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. Therefore, the request for Lidoderm is not medically necessary.