

Case Number:	CM15-0124043		
Date Assigned:	07/08/2015	Date of Injury:	03/13/2014
Decision Date:	09/02/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male patient who sustained an industrial injury on March 13, 2014. The injured worker was employed as a truck driver and was walking across an outdoor yard and stepped down to an uneven section of ground and ended up twisting his right knee. A radiographic study done on 02/03/2015 showed the patient with bilateral knees with suspected chondromalacia. He was deemed permanent and stationary on December 05, 2014 and noted with subjective complaint of right knee pain and giving way. Previous treatment modality to include: work or activity modification, oral medications, bracing, topical analgesia, physical therapy session, home stretches and exercises and subsequently underwent surgery on June 12, 2014. Current medications are: Norco and Naprosyn. There is recommendation for electro diagnostic nerve conduction study is performed on upper extremity. The following diagnoses were applied: posterior horn medial meniscus tear, right knee; posterior horn lateral meniscus tear, right knee; osteoarthritis, right knee; postoperative patellofemoral dysfunction and patellar tendonitis, right knee; depression and anxiety related to right knee injury, and obesity. The patient has met maximal medial improvement and is deemed permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Lidoderm Patch 5% #30. The treating physician states in the report dated 5/6/15, Prescriptions: Lidoderm patch 5% 12 hours on 12 hours off #30. (4B) The MTUS Guidelines state, 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, it appears that the treating physician has recommended this medication as a first line treatment. There is not any evidence that there was a trial of other first-line therapies in the records provided for review. Additionally, since the patient started this medication, it has not been documented if it decreased the patient's pain and increased ADLs. The current request is not medically necessary.