

Case Number:	CM15-0128007		
Date Assigned:	08/05/2015	Date of Injury:	10/17/1988
Decision Date:	09/22/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 62 year old male who sustained an industrial injury on October 17, 1988. According to a partially legible handwritten progress report dated May 28, 2015, the injured worker reported a recent flare up of left knee pain and slight swelling that was attributed to prolonged standing and walking on a hard surface. Objective findings included left knee tenderness at the medial joint line-peripatellar, positive crepitus, negative grind and negative laxity. Diagnoses were partially legible and included joint pain left knee residual osteoarthritis. The treatment plan included an x-ray of the knee to rule out progressive osteoarthritis, Synvisc injection with ultrasound guidance, Norco and Lidoderm patch every day 12 hours #30 primarily for the neck and back. Pain level was rated 7 on a scale of 1-10 with medications and 6 without medications. Benefits of medications included ability to perform activities of daily living, improved participation in home exercise program and improved sleep pattern. An authorization request dated May 28, 2015 was submitted for review. The requested services included Lidoderm patch 5% 1 patch every day for 12 hours, left Synvisc injection under ultrasound guidance 3-series and Norco 7.5/325 mg 1 by mouth every 12 hours as needed #60. Currently under review is the request for Lidoderm patch 5% (unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lidoderm (lidocaine patch).

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

Decision rationale: Lidoderm 5% Patches is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)". Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.