

Case Number:	CM15-0142198		
Date Assigned:	08/03/2015	Date of Injury:	05/19/2009
Decision Date:	11/16/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on 5-19-09. The injured worker was diagnosed as having bilateral meniscal tears; bilateral chondromalacia patella; peripheral neuropathy right leg. Treatment to date has included status post right knee surgery (6-2014); physical therapy; status post lumbar transforaminal epidural steroid injection (5-27-15); medications. Currently, the PR-2 notes dated 7-7-15 are hand written and check boxes completed by the provider. These notes indicated the injure worker complains of right lower extremity "giving way, swelling, decreased pain, has tingling and weakness." The provider also notes "GR-IV A, TIB, QUADS." Objective findings are check marked by the provider as "Loss of strength, positive Tinel's Fibula, loss of range of motion of the left lower extremity with the exception of the ankle deficit of 20 degrees." A PR-2 note dated 4-16-15 listed current medications as: "Norco, Flexeril, tramadol, Motrin 800mg, metformin, Lipitor and vitamins." It makes no mention of a Lidoderm patch. However, a prescription dated 5-19-15 does list "Lidoderm 5% one month 12 hour on and 12 hour off." A Request for Authorization is dated 7-22-15. A Utilization Review letter is dated 7-21-15 and non-certification for Lidoderm patch 5% (prescribed 7-7-15). A request for authorization has been received for Lidoderm patch 5% (prescribed 7-7-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (Rx 7/7/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Regarding request for Lidoderm patch 5% (Rx 7/7/2015), Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic anti-depressants, SNRIs, or anti-epileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested Lidoderm patch 5% (Rx 7/7/2015) is not medically necessary.