

Case Number:	CM15-0175951		
Date Assigned:	09/17/2015	Date of Injury:	01/12/2012
Decision Date:	10/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 1-12-12. The injured worker was diagnosed as having pain in joint lower leg. Treatment to date has included physical therapy; status post medial menisectomy left knee (6-5-12; 2-2013; 9-15-14); medications. Currently, the PR-2 notes dated 7-15-15 indicated the injured worker came to the office for a follow-up examination of her left knee pain. She reports no changes in her pain complaints. She reports persistent left knee pain that is worse with ambulation and also worse after a full day at work. She notes left knee pain that radiates into her left calf with cramping in the sole of her left foot and toes. Pain is made worse with working long hours, made better with rest and medication. She does continue to follow-up with another provider and indicates this is her last follow-up appointment with him on 7-17-15. She reports she continues to work full time and tolerates it well. She utilizes a muscle relaxer at night to counteract any muscle cramping. She also reports in regard to medication, she gets particular benefit with use of capsaicin cream. She reports 80% pain relief with the use of this medication, particularly at night as it distracts her and calms her pain enough to allow her to sleep. The provider documents; "We have reviewed denial for Lidoderm patches, she is currently utilizing other patches of an unknown name" prescribed by her other provider. He reviews her physical examination and notes no changes. The provider documents; "As you will recall, she is a status post left knee meniscus repair surgery in February 2013, she is a status post arthroscopic partial menisectomy of the left knee on 9-15-14. She may be a candidate for total knee replacement in the future if her pain becomes intolerable. She continues to work full time, and tolerates this well. In the meantime, we will continue with conservative management of her pain." He also notes her last appointment with the other provider and this office will most likely be taking over her current prescriptions. He is also

acknowledging the Lidoderm patches have been denied for a year. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 9-3-15 and non-certification was for Lidoderm patch 5% (700mg-patch) #30 for date of service 7-1-15. Utilization Review denied the requested treatment stating; "The requested medication, Lidoderm patch 5% (700mg-patch) #30 for the date of service 7-1-15 is not substantiated for this clinical presentation of medial and lateral meniscal tears and focal chondral injuries with underlying chondromalacia with date of injury in 2012. The guidelines indicate this topical medications can be considered as a second line option for neuropathic pain where there has been a trial and failure of first-line oral anti-seizure or anti-depressant medications. In this case presentation, there is no evidence of a trial and failure of first-line medications stated the necessity for this topical medication." The provider is requesting authorization of Lidoderm patch 5% (700mg-patch) #30 for date of service 7-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (700mg/patch) #30 for DOS 7/1/15: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had also been on oral NSAIDS and topical Capsaicin. Multiple topical analgesics are not recommended. The topical Lidoderm on 7/1/15 was not medically necessary.