

Case Number:	CM15-0176860		
Date Assigned:	09/17/2015	Date of Injury:	03/01/2009
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
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: California, Indiana, New York
 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 58 year old female, who sustained an industrial injury on 3-1-2009. Medical records indicate the worker is undergoing treatment for chondromalacia patellae, meniscus tear, lumbar sprain-strain and knee and shoulder tendinitis-bursitis. A recent progress report dated 6-25-2015, reported the injured worker presented for follow up of left knee post arthroscopy. Physical examination revealed patellar crepitus on flexion and extension with medial and lateral joint line tenderness, spasm and tenderness in the lumbar spine. Documentation states the medications are "providing pain relief and improving functional status". Treatment to date has included left knee surgery 3-6-2015, physical therapy, home exercise program and medication management. The physician is requesting Retrospective Lidocaine pads 5% (DOS 6/25/15). On 8-4-2015, the Utilization Review non-certified the request for Retrospective Lidocaine pads 5% (date of service 6-25-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidocaine pads 5% (DOS 6/25/15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective lidocaine pads 5% date of service June 25, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are chondromalacia patella; current tear cartilage or medial meniscus of the knee NEC; current tear medial cartilage or meniscus of knee; knee tendinitis / bursitis; and shoulder tendinitis/bursitis. The date of injury is March 1, 2009. Request for authorization is July 27, 2015 referencing date service June 25, 2015. According to a June 25, 2015 progress note, the injured worker is status post left knee arthroscopy. The injured worker completed physical therapy and is engaged in a home exercise program. Objectively, there is medial and lateral joint line tenderness left knee with tenderness to palpation of the lumbar paraspinal muscle groups with decreased range of motion. The documentation states the medications are to be refilled. There is no list of current medications in the record. There is no documentation of failed first-line treatment with anti-depressants anti-convulsants documented in the record. Utilization review indicates Lidopro was denied July 14 2015. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for lidocaine pads 5%, no documentation with a current list of medications and a denial of Lidopro, retrospective lidocaine pads 5% date of service June 25, 2015 is not medically necessary.