

Case Number:	CM15-0177777		
Date Assigned:	09/18/2015	Date of Injury:	07/15/2014
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 49 year old male who reported an industrial injury on 7-15-2014. His diagnoses, and or impressions, were noted to include: right knee sprain with medial meniscus tear, status-post surgical repair (12/2014); sprain of right hip or thigh; and chronic pain syndrome. No current imaging studies were noted. His treatments were noted to include: right knee surgery repair; right knee physical therapy - helpful; H-wave therapy - helpful; right knee brace - helpful; medication management; and modified work duties. The progress notes of 8-14-2015 reported a re-evaluation of right knee pain, described as overall improved and a little better with physical therapy, but with continued trouble squatting and with tenderness in the medial aspect. He reported having some physical therapy sessions remaining and that H-wave therapy helped to reduce pain that build up throughout the day, that the knee brace helped throughout the day, and that his medications helped and were well tolerated; especially the Lidoderm Patches and H-wave therapy which alleviated his sensitivity in the medial knee. Objective findings were noted to include: no acute distress; right knee tenderness at the medial and lateral joint lines; and right knee pain with full flexion. The physician's requests for treatments were noted to include the continuation of medications which included Lidoderm 5% patches, #30 with 3 refills, because they were helpful in decreasing pain, increasing function, and improving local tenderness and sensitivity in the right knee. The history notes Lidoderm 5% Patches, only once up to 12 hours in a 24 hour period - 12 hours on and 12 hours off, ordered continued back as early as 3-24-2015; and of knee surgery in 1985. The Request for

Authorization, dated 8-18-2015, was for Lidoderm 5% patches, #30 with 3 refills. The Utilization Review of 8-25-2015 non-certified the request for Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches Qty: 120: 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).

Decision rationale: As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions but may be considered after failure of 1st line treatment. Patient does not have any condition that is indicated for treatment with topical lidocaine. There is no documentation of any treatment failure. The number of patches requested is inappropriate as it would give patient almost 4 months worth of medications. Lidoderm is not medically necessary.