

Case Number:	CM15-0177878		
Date Assigned:	09/18/2015	Date of Injury:	08/07/2003
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 08-07-2003. He has reported injury to the left knee. The injured worker has been treated for left knee pain; status post left knee arthroscopy; and right pre-patellar bursitis. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Vicodin, Zoloft, Lidoderm Patch, and Lidocaine Gel. Surgical intervention has included left knee arthroscopy, on 12-29-2003. A progress report from the treating physician, dated 08-13-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left knee pain; the pain is rated as 4 on a scale of 1 to 10 with medications; the pain is rated as 6.5 on a scale of 1 to 10 without medications; he has increased nerve pain with bending; the medications are helpful to reduce his pain so that he can do light house cleaning, walk further, and perform activities of daily living; he is walking 45 minutes a day; he is not currently working; quality of sleep is poor; and activity level has remained the same. Objective findings included he appears to be calm, depressed, fatigued, and in moderate-to-severe pain; he has an antalgic gait; tenderness to palpation is noted over the left knee medical joint line and patella; no limitation is noted in flexion, extension, internal rotation, or external rotation; no joint effusion is noted; McMurray's test is positive; hyperesthesia are present over the groin on the right side; and on examination of deep tendon reflexes, knee jerk is 1 out of 4 on both sides and ankle jerks are absent. The treatment plan has included the retrospective request for Lidocaine HCl 2% gel, quantity #2, with 1 refill (date of service: 08-13-2015); and retrospective request for Lidoderm 5% patch #30 with 1 refill (date of service:

08-13-2015). The original utilization review, dated 09-02-2015, non-certified a retrospective request for Lidocaine HCl 2% gel, quantity #2, with 1 refill (date of service: 08-13-2015); and retrospective request for Lidoderm 5% patch #30 with 1 refill (date of service: 08-13-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidocaine hcl 2% gel, qty #2, with 1 refill (DOS: 8/13/15): 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: The patient presents with left knee pain rated 4/10 with and 6.5/10 without medications. The request is for retrospective request for lidocaine HCL 2% gel, qty #2, with 1 refill (DOS: 8/13/15). The request for authorization is not provided. MRI of the left knee, 12/07/09, shows no evidence of meniscal ligamentous injury; persistent mildly thickened patellar plica; mild tendinopathy-related changes involving the distal quadriceps and patellar tendons. Physical examination of the left knee reveals tenderness to palpation is noted over the medial joint line and patella. McMurray's test is positive. On sensory examination, hyperesthesia are present over groin on the right side. Patient notes that the medications are helpful to reduce his pain so that he can do light house cleaning, walk further, and perform ADL's. Patient is to continue HEP. Patient's medications include Lidoderm Patch, Lidocaine Gel, and Vicodin. Per progress report dated 08/26/15, the patient is returned to modified work. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 08/13/15, treater's reason for the request is "for topical pain relief for localized inflammation." Patient has been prescribed Lidocaine Gel since at least 04/23/15. MTUS page 111 states that if one of the compounded topical product is not

recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request WAS NOT medically necessary.

Retrospective request for Lidoderm 5% patch #30 with 1 refill (DOS: 8/13/15): 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): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with left knee pain rated 4/10 with and 6.5/10 without medications. The request is for retrospective request for Lidoderm 5% patch #30 with 1 refill (DOS: 8/13/15). The request for authorization is not provided. MRI of the left knee, 12/07/09, shows no evidence of meniscal ligamentous injury; persistent mildly thickened patellar plica; mild tendinopathy-related changes involving the distal quadriceps and patellar tendons. Physical examination of the left knee reveals tenderness to palpation is noted over the medial joint line and patella. McMurray's test is positive. On sensory examination, hyperesthesia are present over groin on the right side. Patient notes that the medications are helpful to reduce his pain so that he can do light house cleaning, walk further, and perform ADL's. Patient is to continue HEP. Patient's medications include Lidoderm Patch, Lidocaine Gel, and Vicodin. Per progress report dated 08/26/15, the patient is returned to modified work. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 states, "topical lidocaine may be 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per progress report dated 08/13/15, treater's reason for the request is "for topical pain relief for localized inflammation. SIG: One patch to skin QDay as needed." Patient has been prescribed Lidoderm Patch since at least 04/23/15. In this case, there is documentation on how the Lidoderm Patch is to be used, how often and with what efficacy in terms of pain reduction and functional improvement. However, MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. This patient presents with knee pain, which is localized but not neuropathic. The request does not meet MTUS guidelines indication for Lidoderm Patch. Therefore, the request WAS NOT medically necessary.