

Case Number:	CM15-0040639		
Date Assigned:	03/10/2015	Date of Injury:	02/21/2003
Decision Date:	05/29/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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 73 year old female, who sustained an industrial injury on 02/21/2003. She reported lower back pain and left knee pain. The injured worker is currently diagnosed as having degenerative arthritis to the knee and status post bilateral total knee replacements. Treatment and diagnostics to date has included corticosteroid injection, right knee MRI, physical therapy, right knee surgeries, left knee surgery, H-wave unit, and medications. In a progress note dated 01/26/2015, the injured worker presented with complaints of knee pain. The treating physician reported requesting authorization for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Qty: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine, Topical analgesics Page(s): 56-57, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine (lidoderm patches) Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 1/26/15 progress report provided by the treating physician, this patient presents with unchanged knee pain rated 8/10 on VAS scale. The treater has asked for Lidoderm 5% Patch QTY 360 on 1/26/15. The patient's diagnosis per request for authorization form dated 1/28/15 is degenerative arthritis knees. The patient is s/p total left knee arthroplasty from 2000, and was doing well with physical therapy per 1/26/15 report. The patient is currently using a cane to walk, and has a slow gait per 1/26/15 report. The patient has had successful use of a H-wave unit use, and is able to walk four blocks whereas before, she could only walk two blocks per 1/26/15 report. The patient is using H-wave daily per 1/14/14 report. The patient is tolerating her medications well, and continues with Tylenol No 3, Lidoderm 5% patch, Ibuprofen 600mg as of 1/26/15 report. The patient will continue her home exercise program. A CURES report was on file, as well as a signed narcotics agreement per 1/26/15 report. The patient's work status is not included in the provided documentation. MTUS chronic pain medical treatment guidelines page 57 states: Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). MTUS page 112 also states: Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain. In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. The patient is diagnosed with knee degenerative arthritis, knee and s/p bilateral total knee replacements. There is no indication of where these patches will be applied to, although the 1/26/15 report states: lidoderm 5% patch 1-2 daily PRN neuropathic #60. The pain is primarily over the anteriolateral aspect of the left knee per 10/10/14 report. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch is not medically necessary.