

Case Number:	CM15-0065231		
Date Assigned:	04/13/2015	Date of Injury:	09/26/2014
Decision Date:	05/12/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/07/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50-year-old female who sustained an industrial injury on 9/26/14. She has reported initial complaints of a slip and fall with right knee injury. The diagnoses have included bilateral lumbar radiculopathy, post laminectomy syndrome, strain/sprain of the right hip, cervical spine my spasm and trigger points, and altered gait and left knee pain secondary to altered stance and gait. Treatment to date has included medications, diagnostics, physical therapy, conservative care, activity modifications, bracing, and home exercise program (HEP). The Magnetic Resonance Imaging (MRI) of thy right knee was done on 9/30/14. The current medications were Celebrex and Nexium. Currently, as per the physician progress note dated 3/6/15, the injured worker complains of pain in the right knee with swelling at times. She reports that she is unable to bear weight on the right leg and uses a walker for balance. The pain is relieved with ice, heat, physical therapy and pain medications and aggravated by activity. She also complains of lumbosacral pain and flare up of sciatica in the bilateral extremities. The pain was rated 5/10 on pain scale and it has an effect on her sleep and activities of daily living (ADL). The physical exam of the lumbar spine revealed wide based unsteady gait with bilateral lower extremities flexed. There was pain with range of motion, trigger points and myospasms were noted. The cervical spine revealed myospasms with trigger points and referred pain. There was decreased cervical range of motion with pain. The right knee revealed pain with flexion and extension and gentle palpation. The neurological exam revealed diminished sensation and straight leg raise was positive bilaterally in a seated position. The physician noted that she should

consider lumbar epidural steroid injection (ESI) for lumbar pain and radicular complaints. The physician requested treatment included Lidoderm Patch 5% Quantity of 30 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

054569-5469 Lidoderm Patch 5% Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% #30 is not medically necessary.