

<b>Case Number:</b>	CM15-0066024		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 54 year old male, who sustained an industrial injury on 9/26/06. He reported left knee pain. The injured worker was diagnosed as having pelvic joint pain and left knee pain. Treatment to date has included physical therapy, chiropractic care, aquatic rehabilitation, electrical stimulation, and epidural steroid injections. A physician's report dated 2/24/15 noted pain while taking medications was 8/10. Pain without medication was noted to be 10/10. The injured worker had not worked since 2007. A MRI of the lumbar spine obtained on 1/16/14 revealed L5-S1 desiccated disc with bilateral neural foraminal stenosis impinging on the right L5 nerve root. An electromyogram/nerve conduction study obtained on 9/24/13 was noted to be normal. Currently, the injured worker complains of left knee pain. The treating physician requested authorization 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Medications for chronic pain Page(s): 56-57, 112, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient was injured on 04/26/06 and presents with left knee pain. The request is for LIDODERM 5% PATCH. The RFA is dated 03/10/15 and the patient is on modified work duty. The patient is limited to sitting/standing/walking occasionally. The patient has been using these patches as early as 09/09/14. 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. MTUS page 60 required recording of pain and function when medications are used for chronic pain. He has a left side antalgic gait, is assisted with a cane, has a restricted lumbar spine range of motion, and has stiffness/pain with ROM. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on the left side, straight leg raise is positive on the left side in supine position, and tenderness is noted over the sacroiliac spine. The patient is diagnosed with joint pain-pelvis and left knee pain. There is no indication of where these patches will be applied to. On 01/13/15, the patient rated his pain as a 10/10 without medications and a 9/10 with medications. On 02/24/15, he rated his pain as a 10/10 without medications and an 8/10 with medications. 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.