

Case Number:	CM15-0066607		
Date Assigned:	04/14/2015	Date of Injury:	09/26/2006
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 to his left knee on 09/26/2006. The injured worker was diagnosed with internal derangement of the left knee, joint pain pelvis and knee, lumbosacral sprain/strain and lumbar disc disease with radiculopathy. The injured worker is status post left knee arthroscopic meniscectomy in 2007, repeat arthroscopy with partial medial meniscectomy in September 2009 and a recent transforaminal lumbar epidural steroid injection (ESI) at left L5 on February 27, 2015. Treatment to date has included diagnostic testing, steroid injections, surgery, physical therapy, aqua therapy and medications. According to the primary treating physician's progress report on February 24, 2105, the injured worker continues to experience left knee and pelvic pain, which has increased since last visit. The injured worker rates his pain as 8/10 with medications and 10/10 without medications. Examination of the lumbar spine demonstrated stiffness and pain with decreased range of motion, tenderness to palpation and tight muscle band on the left side, negative facet loading test, positive left straight leg raise and tenderness overt the sacroiliac spine. The left trochanter internal rotation of the femur resulted in deep buttocks pain. The left knee demonstrated restricted range of motion, tenderness to palpation over the lateral, medial joint line and patella. A positive grind test and no crepitus or effusion was noted. Current medications are listed as Norco, Gabapentin, Flector Patch, Lidoderm Patch, Pennsaid Solution, Baclofen, Phenergan, Ambien, Omeprazole, Cialis and Colace. Treatment plan consists of epidural steroid injection (ESI) for lumbar pain (February 27, 2015), transcutaneous electrical nerve stimulation (TEN's)

unit, complete aqua therapy sessions, follow prescribed medication regimen and the current request for Lidoderm Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). 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. I respectfully disagree with the UR physician, per progress report dated 3/24/15 it was noted that the injured worker has burning hip pain that prevents laying on his back and sleeping at night. Gabapentin has been used. The request is medically necessary.