

Case Number:	CM15-0077233		
Date Assigned:	04/28/2015	Date of Injury:	08/27/2005
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female patient who sustained an industrial injury on 08/27/2005. An initial psychiatric evaluation dated 09/11/2014 reported the patient with subjective complaint of encountering continuous stress and trauma caused the work injury resulting in anxiety, worry, crying spells, headaches, weight loss, and loss of libido. She is diagnosed with major depression disorder, and generalized anxiety disorder. A primary treating office visit dated 03/09/2015 reported subjective complaint of right knee pain at lateral joint line. She is diagnosed with lumbar spine strain/sprain with bilateral lower extremity radiculopathy; status post right knee arthroscopy on 12/08/2005, 03/20/2010, and status post right TKA 11/12/2014. The plan of care involved: recommending additional physical therapy sessions, and follow up in 6-8 weeks. She is temporary totally disabled. A follow up visit dated 09/04/2014 reported subjective complaint of bilateral knee pain and swelling. She is limping and with large effusions. She wishes to proceed with surgical intervention. Previous treatment to include: modified work duty, oral analgesia, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56 and 57.

Decision rationale: The injured worker sustained a work related injury on 08/27/2005. The medical records provided indicate the diagnosis of lumbar spine strain/sprain with bilateral lower extremity radiculopathy; status post right knee arthroscopy on 12/08/2005, 03/20/2010, and status post right TKA 11/12/2014. The medical records provided for review do not indicate a medical necessity for Lidoderm patch 5%. The MTUS states that Lidoderm patch is only FDA approved for post-herpetic neuralgia; further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The records reviewed do not indicate the injured worker is being treated for post-herpetic neuralgia. Therefore, this request is not medically necessary.