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| Case Number: | CM15-0079829 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 05/10/2012 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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, 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 57 year old female, who sustained an industrial injury on 5/10/12. She reported multiple injuries to left knee and left ankle. The injured worker was diagnosed as having left knee pain with degenerative joint disease status post medial meniscectomy, chronic right shoulder pain status post arthroplasty and chronic left ankle pain. Treatment to date has included oral medications including opioids, topical medications, activity restrictions, cortisone injection, physical therapy and left knee medial meniscectomy. Currently, the injured worker complains of continued left knee pain. Physical exam noted tenderness in medial joint line with pain on range of motion. The treatment plan included decreasing Norco and continuation of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% with 2 refills: Upheld

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 Lidocaine Page(s): 111-112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. The patient has chronic knee pain and failed microfracture repair and osteoarthritis, but this is not a neuropathic pain process. As such, the currently requested Lidoderm is not medically necessary.