

Case Number:	CM15-0090628		
Date Assigned:	05/15/2015	Date of Injury:	10/16/2012
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/12/2015

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, Alabama, 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 42 year old female, who sustained an industrial injury on October 16, 2012. She reported bilateral knee pain, right shoulder pain and left foot and ankle pain following a slip and fall. The injured worker was diagnosed as having obesity, bilateral knee tricompartmental arthritis, mild, patelloform syndrome and chronic pain syndrome. Treatment to date has included diagnostic studies, physical therapy, steroid and Synvisc injections to the knee, medications and work restrictions. Currently, the injured worker complains of continued bilateral knee pain and right shoulder pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she failed to get benefit from both Synvisc injections and steroid injections to the knees. It was noted the physician recommended weight loss. A gastric sleeve was placed and she achieved a significant amount of weight reduction. She was noted to develop elbow and shoulder pain secondary to cane use. Evaluation on April 9, 2015, revealed continued pain as noted. The elbow pain had resolved. It was noted the orthopedist had recommended shoulder arthroscopic procedure at an earlier date. Lidocaine ointment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain, Chronic.

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

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. 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 strong evidence supporting its efficacy in chronic knee pain. There is no documentation of focal neuropathic pain and for efficacy for previous use of Lidoderm. Therefore, the prescription of Lidocaine ointment is not medically necessary.