

Case Number:	CM15-0096386		
Date Assigned:	05/26/2015	Date of Injury:	01/15/2009
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

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 52-year-old female who sustained an industrial injury on January 15, 2009. She has reported a left knee injury and has been diagnosed with osteoarthritis localized primary involving lower leg, osteoarthritis unspecified whether generalized or localized involving lower leg, pain in joint involving lower leg, and swelling of limb. Treatment included medical imaging, medication, and injection. Examination of the left leg showed swelling. There was tenderness in both medial and lateral facet and mild. Extension was at 0 degrees and flexion was at 110 degrees. There was a mild effusion. The circumduction maneuver produced both medial and lateral pain. X-rays dated January 3, 2013 show mild to moderate tricompartmental degenerative changes with joint space preservation. The treatment request included lidocaine 5 % patch # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics, Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a working in January 2009 and continues to be treated for left knee pain with a diagnosis of osteoarthritis. When seen, there was joint line tenderness with decreased range of motion and a mild effusion. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Other topical analgesics could be considered, such as topical diclofenac. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.