

Case Number:	CM14-0142361		
Date Assigned:	09/10/2014	Date of Injury:	01/20/2014
Decision Date:	10/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old male with a 1/20/14 date of injury. At the time (8/14/14) of request for authorization for 30 Lidoderm 5% patch (700 mg/patch) and 1 internal medicine consultation, there is documentation of subjective (chronic left knee pain, worse with increased activity such as prolonged standing or walking, starting to have some right knee pain, anxiety and depression, constipation, heartburn, nausea, abdominal pain, and black tarry stools) and objective (antalgic gait and utilizing left knee brace) findings, current diagnoses (pain in joint lower leg), and treatment to date (medications (including ongoing treatment with Tramadol/APAP (discontinued on 8/15/14) and physical therapy). Medical report identifies a plan for internal medicine consultation regarding his gastrointestinal complaints to determine if they are due to his medications. 9/4/14 medical report identifies patient does have neuropathic pain, is able to walk further with less pain with Lidoderm, wishes to avoid oral medications including opioids and NSAIDs secondary to side effects, and persistence of G.I. symptoms despite discontinuance of oral medications, including NSAIDs. Regarding 30 Lidoderm 5% patch (700 mg/patch), there is no documentation that a trial of first-line therapy has failed. Regarding 1 internal medicine consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm 5% patch (700 mg/patch): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), page(s) 56-57 Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of pain in joint lower leg. In addition, there is documentation of neuropathic pain. Furthermore, given documentation that patient is able to walk further with less pain with Lidoderm, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Lidoderm use to date. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for 30 Lidoderm 5% patch (700 mg/patch) is not medically necessary.

1 internal medicine consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnosis of pain in joint lower leg. In addition, given documentation of a plan for internal medicine consultation regarding his gastrointestinal complaints (constipation, heartburn, nausea, abdominal pain, and black tarry stools), which persist despite discontinuance of oral medications, including NSAIDs, there is documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or

the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for 1 internal medicine consultation is medically necessary.