

<b>Case Number:</b>	CM14-0155314		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/10/1996
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Ohio. 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:

The injured worker is a 58-year-old male who reported an injury on 05/10/1996 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the right lower extremity. The injured worker was evaluated on 07/28/2014. It was noted that the injured worker had persistent low back, right knee and right foot pain. Objective findings included tenderness over the dorsum of the right foot and right ankle tenderness with a negative McMurray's and Lachman's test of the right knee. It was noted that the injured worker had sharp tenderness to the knee with slight swelling and restricted range of motion. Evaluation of the lumbar spine documented tenderness to palpation at the paravertebral musculature with noted spasming. The injured worker's diagnoses included diabetes mellitus type 2, chronic lumbar back pain, chronic right lower extremity pain with radicular symptoms, chronic right knee pain, chronic right foot pain, chronic right trochanteric bursitis, history of kidney infections and onychomycosis of the feet. The injured worker's medications included Vicodin 5 mg and Lidoderm patches. Medications also included Atarax 25 mg, baclofen 10 mg, and Voltaren gel. The injured worker's treatment recommendations included continued medications as prescribed. A Request for Authorization form to support the request was submitted on 07/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches, 1-2 per day; apply topically #90; refill x 3; 30 day fill for right knee and right ankle pain, outpatient: 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 Analgesics Page(s): 111.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has been using Lidoderm patches since 08/2013. The California Medical Treatment Utilization Schedule recommends continued use of Lidoderm patches is based on significant pain relief of at least 30% to 50% with documented functional benefit. The clinical documentation submitted for review does not provide any evidence of significant pain relief resulting from the use of medications to include Lidoderm patches. Additionally, there is no documentation of significantly increased functional benefit resulting from medication usage. Therefore, ongoing use would not be supported. As such, the requested Lidoderm patches, 1-2 per day; apply topically #90; refill x 3; 30 day fill for right knee and right ankle pain, outpatient is not medically necessary or appropriate.