



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 2/10/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Continuation of brand Lidoderm 5% lidocaine patches, #90 per month - 3 per day applied to the right knee.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Certified Physical Medicine/Rehabilitation Physician.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The claimant is a female who sustained an occupational right knee injury dated xx/xx/xx, while working. On that day, she strained her right knee. She was diagnosed with a right knee contusion. She received conservative management. Subsequently, on June 1, 2005, the claimant underwent a right knee ACL reconstruction and partial lateral meniscectomy. The claimant remained symptomatic and is currently receiving ongoing palliative medication management. Along with Lidoderm patches, the claimant is currently prescribed MS Contin, Norco, and Trileptal. The claimant demonstrates a normal lower extremity neurologic examination; however, the right knee demonstrates tenderness to palpation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

They requested brand Lidoderm 5% lidocaine patches, #90 per month, to be applied 3 daily to the right knee is not authorized. This request does not satisfy official disability guidelines criteria for Lidoderm 5% lidocaine patches. Specifically, there was no evidence of a failed trial of first line neuropathic pain medications such as a tricyclic or selective norepinephrine reuptake inhibitor; or an anticonvulsive medication such as gabapentin or Lyrica. Additionally, there is no submitted documentation indicating that the Lidoderm 5% lidocaine patches result in significant pain reduction as evidenced by decrease in use of other medications.



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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)