MAXIMUS Federal Services

Case Number:	CM13-0027665		
Date Assigned:	11/22/2013	Date of Injury:	10/20/1996
Decision Date:	01/27/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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:

This patient is a 44-year-old female who reported an injury on 10/29/1996. Currently under request is consideration for a pain management evaluation and treatment as well as a prescription of Lidoderm Patch 5% #30. Recent evaluation of this patient notes neck pain and pain radiating down both arms to the hands with greater pain noted on the right than the left. The patient also experiences bilateral wrist pain, which is constant and has a visual cyst in the right wrist, which is protruding. Notes indicate that this patient ambulates with the assistance of a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Introduction Page(s): 1.

Decision rationale: CA MTUS states that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. This patient has

a greater than 17 year history of injury with notes detailing that the patient has been under the care of a pain management specialist. The most recent evaluation submitted for review is dated 10/14/2013, which indicated that the patient should be considered for removal of a visual cyst on the right wrist via syringe or surgically to alleviate the pressure that is causing pain to the right wrist. Furthermore, no clear clinical rationale is stated for pain management evaluation and treatment other than recommendation for a follow-up office visit in 3 months' time for further medication management. However, it remains unclear if the request is for a follow-up office visit or for a second option evaluation following an AME completed on 01/07/2013. Given the above, the request for pain management evaluation and treatment is not medically necessary and appropriate.

prescription of Lidoderm Patch 5% #30 1 pad 12 hours on and 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Local Anesthetic Agent/Lidocaine..

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS states Lidocaine in a transdermal application is recommended for Neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. The documentation submitted for review indicates most recently that as part of the medication regimen of this patient she is prescribed Lidoderm patches 5% #30 1 patch 12 hours on and 12 hours off. However, there remains no clear indication of neuropathic pain noted on physical examination of the patient and there is no documentation of prior demonstrated efficacy with the use of Lidoderm patches. Given the above, the request for Lidoderm Patch 5% #30 1 pad 12 hours on and 12 hours off is not medically necessary and appropriate.