

Case Number:	CM13-0057202		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2007
Decision Date:	03/19/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 48-year-old man with a date of injury of 10/28/07, with pain and disability in his lumbar, cervical and thoracic spine. Regarding his cervical and thoracic spine, he rates the pain as 7-8/10, with radicular pain and weakness in his arms, worsened by turning his neck. Regarding his lumbar pain, he rates it as 8/10, worse with extension or flexion and located in his low back. He is status post MRIs showing degenerative changes in the cervical, thoracic and lumbar spine, with disc protrusion, but no cord or root compression. The worker had a sudden onset of pain while lifting and twisting and doing repetitive movements for "about three weeks". His physical exam was significant for a slightly antalgic gait, favoring the left leg, normal reflexes, pain with palpation over the cervical spine and lumbar spine, and worse pain with rotational extension indicative of facet capsular tears bilateral, and secondary myofascial pain with triggering and ropey fibrotic banding. His diagnoses were chronic neck, thoracic and back pain, erectile dysfunction - opiate induced, right hip pain, coccydynia, and right knee pain. His medications included Cymbalta, docusate sodium, felodipine, gabapentin, HCTZ, hydrocortisone suppository, levothyroxine, lisinopril, MS Contin, Norco, omeprazole, and Lidoderm patch. The Lidoderm patch is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60 - two (2) patches twelve (12) hours on, with three (3) refills:
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 Lidoderm (Lidocaine patch), and Lidocaine indication Page(s): 56-57; 112.

Decision rationale: The Chronic Pain Guidelines indicate that Lidoderm[®] is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. This injured worker has chronic cervical, thoracic and lumbar spine pain. He receives multiple medications for this pain including Cymbalta, opioid analgesics, and gabapentin. Lidoderm is FDA approved only for post-herpetic neuralgia and he is concurrently receiving first line therapy for neuropathic pain. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.