

Case Number:	CM13-0071321		
Date Assigned:	01/08/2014	Date of Injury:	08/30/1993
Decision Date:	06/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/27/2013

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 and Rehabilitation and is licensed to practice in 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 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 60-year-old female who reported an injury on 08/30/1993; the mechanism of injury was not provided within the documentation. Within the clinical note dated 10/07/2013, it was noted the injured worker was seen for followup and regular medication management. A discussion between the physician and the injured worker pertaining to a detoxification program was addressed; however, the injured worker was not interested. It was noted that the injured worker tried to taper off the Fentanyl and had excruciating pain and minimal function, spending most of the time in bed or in a chair as a result. The provider indicated the injured worker had significant measurable improvements in pain and function with her prescribed medication regimen. It was documented that the injured worker was tapered off of Soma. The injured worker's pain level with medication was noted at 6/10 and pain level without medication was noted at 10/10. The injured worker's prescribed medications included baclofen 10mg tablets one half to 1 tablet 3 times a day as needed, Duragesic 100 mcg/hr patch 72 hours 1 patch to skin every 48 hours, hydrocodone/acetaminophen 10/325 mg tablet 1 tablet 4 times a day as needed for pain, Lactulose 10 g/15 ml solution 1 to 2 tsp per day as needed, lidocaine 5% 700 mg adhesive patch apply 1 to 3 patches to skin once a day to be put on 12 hours on and 12 hours off, and naproxen sodium 550 mg tablet 1 tablet twice a day for inflammatory pain. It was noted that the injured worker had a right transforaminal epidural steroid injection at L5-S1 on 05/13/2010, spinal cord stimulator trial on 07/18/2012, epidural steroid injection bilateral L5-S1 on 09/20/2011, and epidural steroid injection bilateral L5-S1 on 04/04/2013. Upon physical examination of the lumbar spine, it was noted the injured worker had decreased range of motion for flexion and extension. The injured worker was noted to have signed an opiate agreement. It was also noted that the injured worker was evaluated at each visit by the physician to ensure the treatment plan was appropriate and ensure that there were no red flags with possible medication

misuse or aberrant behavior. The diagnoses included cervical radiculopathy, lumbar radiculopathy, myalgia and myositis nonspecific, and postlaminectomy syndrome of lumbar. The treatment plan included recommendations for the refill of prescribed medications including baclofen 10 mg, Duragesic 100 mcg/hr patch 72 hour 1 patch to skin every 48 hours #15, gabapentin 800 mg, hydrocodone/acetaminophen 10/325 mg, Lactulose 10 g/15 ml solution, lidocaine 5% 700 mg patch adhesive patch apply 1 to 3 patches to skin once a day #90 with 1 refill to note 12 hours and 12 hours off, and naproxen sodium 550 mg. The request for lidocaine 5% 700 mg/patch adhesive patch, apply 1 to 3 patches to skin once a day, 12 hours on, 12 hours off, #90, refill x3 for pain was not submitted. The provider's rationale for the request was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE 5% (700 MG/PATCH), ADHESIVE PATCH, APPLY ONE (1) TO THREE (3) PATCHES TO SKIN ONCE A DAY, TWELVE (12) HOURS ON, TWELVE (12) HOURS OFF, DISPENSE 90, REFILL TIMES THREE (3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In the clinical notes provided for review, there was a lack of documentation indicating the injured worker has undergone trials of antidepressants and anticonvulsants as recommended by the guidelines. It was documented within the clinical notes that the injured worker had a pain level with prescribed medications of 6/10 and a pain level without medications of 10/10; however, it is unclear which prescribed medications gave relief or which prescribed medications did not. In the documentation provided, there is lack of evidence demonstrating the prescribed lidocaine patch provided the injured worker with significant objective functional improvement. Therefore, the request for lidocaine 5% (700mg/patch), adhesive patch, apply one (1) to three (3) patches to skin once a day, twelve (12) hours on, twelve (12) hours off, dispense 90, refill times three 3 is not medically necessary.