MAXIMUS Federal Services

Case Number:	CM14-0113505		
Date Assigned:	08/01/2014	Date of Injury:	12/22/2006
Decision Date:	09/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 49 year-old female who reported an industrial injury on 12/22/2006, almost 8 years ago, attributed to the performance of her customary job duties. The patient was reported to sustain multiple injuries. The patient is taking Norco 10/325 mg; Lidoderm patches; Voltaren topical gel; Baclofen 20 mg for spasms; Elavil; and Percocet. The patient was noted to have a permanent spinal cord stimulator implanted on 12/19/2011, which reportedly provided decreased pain to the bilateral upper extremities. The patient was noted to have made two trips to the emergency room during May 2014 for abdominal pain and was diagnosed with CRPS. The patient had complained of increased left upper extremity pain due to a change in weather. The patient reportedly sustained a fall and injured her left elbow and left ribs. The objective findings on examination included a pain in the feet with change of color and swelling; increase sensation and abdomen in C6-T11; sensation improvement less tenderness and swelling; left hand was written sensitive; tenderness of the AC joint left shoulder; decreased range of motion left shoulder positive impingement. The diagnosis was complex regional pain syndrome. The patient was prescribed Lidoderm patches #60 and Voltaren topical gel 1% 100 gm tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren topical gel 1% 100gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Topical analgesics Page(s): 111-1125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-113, 22, 67-68, 71. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6, pages 114-15, Official Disability Guidelines (ODG), Pain Chapter, topical analgesics; NSAIDs.

Decision rationale: The topical NSAID, Voltaren gel or cream, is not medically necessary in addition to prescribed oral NSAIDs. The patient has been prescribed topical Voltaren gel in addition to oral analgesics. The patient has received topical NSAID gels for a prolonged period of time exceeding the time period recommended by evidence-based guidelines. There is no demonstrated medical necessity for both an oral NSAID and a topical NSAID. There is no provided subjective or objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no documented functional improvement by the provider attributed to the topical NSAID, therefore, the request is not medically necessary.

Lidoderm 5% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57 and 112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines anti-inflammatory medications ,chronic pain,topical analgesics Page(s): 67-68; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, medications for chronic pain; topical analgesics.

Decision rationale: The prescription of topical Lidoderm patches 5% #60 was not demonstrated to be medically necessary and no objective evidence to support the medical necessity of the prescribed topical Lidocaine for the cited diagnoses. The CA MTUS does not recommend the use of Lidoderm patches for pain control as the patches or ointment are only FDA approved for the treatment of neuropathic pain attributed to post herpetic neuralgia. The patient is being treated with Lidoderm patches for chronic neck, back, and shoulder pain. There is no medical necessity for the use of the Lidoderm patches for the objective findings documented on examination.The request for authorization of the Lidoderm patches is not supported with objective evidence and is not recommended as a first line treatment for the treatment of chronic neck pain. There is no objective evidence that the Lidoderm patches are more effective than the many available alternatives for the treatment of chronic pain. There is no objective evidence to support the use of Lidoderm patches for the stated symptoms, as there are available alternatives. There is no objective evidence to support the use of topical Lidocaine for the treatment of the documented diagnoses.The applicable evidence based guidelines state that more research is required prior to endorsing the use of Lidoderm patches for the treatment of chronic pain. The prescription of Lidoderm patches is FDA approved only for post herpetic neuralgia and is not to be used as a first line treatment. The provider provides no rationale for the use of the

dispensed/prescribed Lidoderm patches over the readily available medical alternatives. The prescription of the Lidoderm patches is inconsistent with evidence-based guidelines. There are no prescribed antidepressants or gabapentin to support the medical necessity of Lidoderm topical patches.Evidence based guidelines necessitate documentation of 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) to support the medical necessity of Lidoderm patch. The patient is not taking Neurontin, thus Lidoderm is not appropriate for the treatment of this patient. There is no objective evidence to support the use of Lidoderm patches for the continuous and daily treatment of chronic neck or back pain. There is no current clinical documentation that indicates that the patient has a localized area of neuropathic pain for which this medication would be medically necessary. There is no demonstrated medical necessity for Lidoderm patches or topical Lidocaine ointment to treat the effects of the industrial injury.ODG identifies 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 SNRI anti-depressants or an 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.Additionally, ODG states that topical Lidocaine 5% patch/ointment has been approved by the FDA for post-herpetic neuralgia, and is used off-label for diabetic neuropathy and other neuropathic pain. It has been shown to be useful in treating various chronic neuropathic pain conditions in open-label trials. (Argoff, 2006) (ODG, Pain Chapter). There is no demonstrated medical necessity for the prescribed Lidoderm patches 1% #60.