

Case Number:	CM14-0121045		
Date Assigned:	08/06/2014	Date of Injury:	02/01/2002
Decision Date:	09/25/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 42 year old male with an injury date on 02/01/2002. Based on the 05/09/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic lower back pain with history of opiate dependency, currently well-controlled with Suboxone. 2. Sacroiliac joint arthropathy bilaterally. 3. MRI finding of disc bulges, L3-L4, L4-L5 with no significant neural foraminal narrowing. According to this report, the patient presents with low back pain that is sharp. The pain interferes with the patient daily activities and sleep. Physical exam reveals tenderness over the posterior superior iliac spines, bilaterally. Patrick's test is positive, bilaterally. Gaenslen's test provokes pain in the sacroiliac joint. There were no other significant findings noted on this report. The utilization review denied the request on 07/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/29/2013 to 05/09/2014 and operative report on 04/27/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch (unknown dose): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches: Lidoderm (lidocaine patch)Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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. For more information and references, see Topical analgesics.MTUS page 112:Lidocaine Indication: Neuropathic pain 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. 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. 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. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) Page(s): 56,57.

Decision rationale: According to the 05/09/2014 report by [REDACTED] this patient presents with low back pain that is sharp. The treater is requesting Lidoderm (unknown dose). The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. It is indicated for peripheral, localized pain that is neuropathic. This patient does not present with localized peripheral pain for which Lidoderm would be indicated. Furthermore, the treater does not document how Lidoderm is used with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.