

Case Number:	CM14-0124894		
Date Assigned:	09/25/2014	Date of Injury:	03/22/1999
Decision Date:	12/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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 63-year-old female who reported an industrial injury to the back on 3/22/1999, over 15 years ago, attributed to the performance of her usual and customary job tasks. The patient complained of persistent low back pain radiating to the buttocks and lower extremity attributed to ongoing lumbar degenerative disc disease at L5-S1 and diffuse myofascial pain with a reported sleep and mood disorder. The treatment plan included Lidoderm 5percent patches #30 with refill x5 and Voltaren gel 1percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent Patches #30 with refill x 5: Upheld

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

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 Chapter, Topical Analgesics Page(s): 67-68.

Decision rationale: The prescription of topical Lidoderm 5 percent patches #30 with refill x5 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 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 back 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 shoulder 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 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 percent patch 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 5 percent patches #30 with refill x5.

Voltaren 1 percent Gel: Upheld

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

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 (American College of Occupational and Environmental Medicine), 2nd Edition, (2004), Chapter 6, pages 114-15 and on the Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics; NSAIDs

Decision rationale: The topical non-steroidal anti-inflammatory drug (NSAID), Voltaren 1 percent gel, is not medically necessary in addition to prescribed oral NSAIDs. The patient has been prescribed topical Voltaren gel for chronic back pain 15 years after the DOI (date of injury). 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. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topical medications. The patient is not demonstrated to have any GI issue at all with NSAIDs. The patient was prescribed an oral opioids and topical NSAID concurrently. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topical medications are more effective than generic oral medications. The prolonged use of topical Voltaren gel 1percent is not supported by the applicable evidence based guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be medically necessary. The prescribed topical Voltaren topical 1 percent gel is not demonstrated be medically necessary.