

Case Number:	CM14-0147638		
Date Assigned:	09/15/2014	Date of Injury:	03/17/2003
Decision Date:	12/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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 43 year old female with a work related injury dated 03/17/2003. Mechanism of injury is not noted in received documents. According to a progress report dated 08/04/2014, the injured worker presented with complaints of back pain and bilateral lower extremity pain. Previous treatments have included medications, heat/ice, rest, gentle stretching and exercise, bilateral facet block, and bilateral deep lumbar fascia trigger point injections. Diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, lumbago with bilateral spasm, other symptoms referable to back, displacement of lumbar intervertebral disc without myelopathy, spasm of cervical and lumbar muscles, myalgia and myositis, thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome, and lumbar facet joint pain. Work status is not listed in received medical records. On 08/11/2014, Utilization Review denied the request for Lidoderm patches 5% #30 noting that CA MTUS Guidelines support Lidoderm only as a second line treatment for focal and peripheral neuropathic pain and that no such focal, peripheral neuropathic pain is documented in this case. The UR physician stated that it was confirmed that the intent of the medication was to treat low back spasm, which is not a recommended use by CA MTUS Guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical)

Decision rationale: The CA-MTUS Chronic Pain Medical Treatment Guidelines state "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 Anti-Epilepsy Drugs (AEDs) 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." ODG further details, "Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) anti-depressants or an AED such as Gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).(f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, Lidocaine patches should be discontinued."Medical documents provided indicate that the use would be for back pain. Additionally, treatment notes did not detail failure of first-line therapies, Gabapentin seems to be being used with good effect (though according to the available records it seems to be prescribed for 7 times a day dosing). There is also no documentation of any trial with pertinent objective findings. As such, the request for Lidoderm 5% patches is deemed not medically necessary