

Case Number:	CM14-0169196		
Date Assigned:	10/17/2014	Date of Injury:	05/03/2011
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain 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:

The injured worker is a 48 year old male with an original date of injury on 5/3/2011. The patient's industrially related diagnoses include lumbago, degenerative disc disease of lumbosacral spine, thoracic or lumbar spondylosis with myelopathy, chronic pain syndrome, cervical spinal stenosis, brachial neuritis or radiculitis, lumbar radiculopathy, bilateral scapular pain, right hip pain, and severe depression. A MRI of cervical spine dated on 7/29/2012 showed central stenosis, high-grade foraminal stenosis at C5, 6, 7, spurring C3-4 with foraminal narrowing, disc bulging at C3-4, 5-6, 6-7. An electromyography on October 30, 2012 demonstrated nerve root irritation at L5-S1. A lumbar MRI dated on June 22, 2011 indicated left laminotomy defect, disc bulge and stenosis at L4-5, facet arthrosis at L5-S1. The patient was taking Norco 10-325mg, extended release morphine 30mg and 15mg every 8 hours, Flexeril 10mg, Lyrica 50mg 1-2 tabs three times daily for pain control. The patient continued to use heat, ice, rest, and gentle stretches and exercises. The disputed issue is for Lidoderm patch 5% every 12 hrs quantity of 60. A utilization review determination on 9/12/2014 had noncertified this request. The stated rationale for the denial was based on the information submitted for the review, and using evidence guidelines referenced, the request for Lidoderm was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, #60: 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 Lidocaine Page(s): 112-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 112-113 specific the following regarding topical 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 (serotonin reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) 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)"According to the guideline, Lidoderm patch are indicated for localized neuropathic pain, not for lumbar or cervical radiculopathy. There is no FDA indication for these subsets of neuropathic pain, as they are more widespread than localized neuropathic pain such as in post-herpetic neuralgia. In the case of this injured worker, since he has lumbar and cervical radiculopathy, the use of lidocaine patches are not indicated. This request is not medically necessary.