MAXIMUS Federal Services

Case Number:	CM14-0047390		
Date Assigned:	07/02/2014	Date of Injury:	01/19/2011
Decision Date:	09/25/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/15/2014

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 60-year-old female who reported an industrial injury to the shoulder and back on 1/19/2011, over 3 years ago, attributed to the performance of customary job tasks. The patient complained of pain to the back radiating to the buttocks/right knee and right shoulder pain. The patient complained of left knee pain and is status post arthroscopy of the left knee. The objective findings on examination included mild lumbar spasm; SLR positive bilaterally for back pain only; restricted range of motion to the lumbar spine; lower extremity strength intact. The patient reports some decrease in pain with the prescribed medications. The patient was prescribed Penn said 1.5% refill x2; Norco 10/325 mg #60; and Lidoderm 5% patches #60. The AME diagnose the patient with chronic left knee pain, status post arthroscopic surgery on 8/13/2013, with meniscus tears and degenerative changes; status post right shoulder surgery during 2011 for impingement syndrome and rotator cuff tear; history of bilateral carpal tunnel syndrome; musculoligamentous strain of the cervical spine; and musculoligamentous strain of the lumbar spine. The AME recommendations for future medical care included physician follow-ups; medications; injection; and physical therapy. The patient should be allowed further diagnostic studies. There was no surgical treatment anticipated but should be allowed for the knee and for CTS if medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs.

Decision rationale: The prescription of topical Pennsaid 1.5% or Diclofenac Liquid with refills x2 is a NSAID for the treatment of inflammation and pain. The prescription is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines for the treatment of the effects of the industrial injury. The patient is noted to have diagnoses consistent with inflammation; however, there is no objective evidence to support the medical necessity of a liquid preparation. There is no medical necessity for the prescribed Pennsaid 1.5% solution/lotion over the available OTC NSAIDs for the treatment of the effects of the industrial injury. The patient has exceeded the time period recommended for the use of a topical NSAID. The request is not medically necessary.

Lidoderm 5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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's, 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 shoulder, UE, neck, and back pain; however, there is no demonstrated sustained functional improvement with the use of the prescribed Lidoderm patches. There is no medical necessity for the use of the Lidoderm patches for the objective findings documented on examination. 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 shoulder 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 1.5% #60.