MAXIMUS Federal Services

Case Number:	CM14-0187171		
Date Assigned:	11/17/2014	Date of Injury:	12/15/2004
Decision Date:	01/05/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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 case of a 55 year old female with a date of injury of 12/15/2004. In a physical medicine/pain management follow up note dated 3/5/2014 by [redacted], the patient reported she was lifting some Snap-On tool parts while holding her leg in an awkward fashion. She started developing significant left buttock and leg pain. She has undergone a left piriformis release. She required additional surgery due to scarring. Each surgery helped, but now she is left with chronic severe left buttock and left leg radiating pain. She was diagnosed with complex regional pain syndrome affecting the left leg. She has developed insomnia and stress associated with chronic pain. She also had a trial of a lumbar epidural sympathetic block for her complex region pain symptoms which gave her temporary relief. She is complaining of flareup of her left-sided buttock pain with spasms. She complains of flareup of left lateral thigh pain as well. She reports this is a flareup with activity. She also reports that the medication helps her partially and she is inquiring about other pain treatment options to control the flare-up. She requires chronic pain management with medications. She is tolerating them well and she takes them as directed. Her current symptoms include moderate pain over the left buttock/piriformis region, pain over the left lateral thigh over the greater trochanteric bursa and left knee with sensitivity. The pain level is 6. The symptoms include locking, burning, stiffness, stabbing, giving-way and tenderness. The symptoms are constant, worse with activity and better with rest, and medications. In order to help reduce the sensitivity of the left knee region, she uses a knee brace to keep the clothing away from the skin. She also uses a Lidoderm patch one on her knee, one on her low back, and one on her buttock. On physical examination, she has guarding of her left leg, especially left lateral thigh/knee/calf. On lumbar spine palpation, there is tenderness over the midline minimal at L4-S1, lumbosacral paraspinal region diffuse over L4-S1, with tightness at the quadratus lumborum. She also has left buttock/prirformis tenderness moderate around the

long scar region and around the insertion site/posterior to greater trochanter. There is moderate tenderness over the left buttock/piriformis region with painful trigger point and moderate tenderness over the left greater trochanteric bursa region. She has hypersensitivity and hyperalgesia to light touch over the left thigh/knee and calf region. The treatment plan was to continue with her pain medications including Gabapentin, Lidoderm patch and Voltaren gel. In a physical medicine/pain management follow up note from May 28, 2014 by [redacted], she also reports that the lidoderm patch reduces her left knee pain to a tolerable level to 4/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch, 3 Patches per Day Every 12 Hours #270 90 Days Supply: 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 Page(s): 56-57;111-112.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) guidelines, Lidoderm (lidocaine patch) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressant or an antiepileptic drug (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. Topical analgesics in general are recommended as an option. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This form of treatment is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. For non-neuropathic pain, Lidocaine is 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. In this case, the patient is benefiting from the Lidoderm patches on her knee and has been diagnosed with complex regional pain syndrome which causes her to have hypersensitivity and hyperalgesia of her left knee. However, the use of the Lidoderm patch on her lower back and buttock are not for the purpose of post-herpetic neuralgia or for localized peripheral pain, which are the indications for its use. Therefore, based on MTUS guidelines and the evidence in this case, the request for Lidoderm patch, 3 patches per day every 12 hours #270 for 90 days is not medically necessary.