

Case Number:	CM14-0192389		
Date Assigned:	11/26/2014	Date of Injury:	05/06/1999
Decision Date:	01/27/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture & 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 sustained a work related injury on May 6, 1999. The exact mechanism of the work related injury was not provided in the documentation supplied. A Qualified Medical Evaluation, dated October 9, 2014, noted the injured worker's diagnoses as lumbo sacral degenerative changes, pelvic myofascial tension and muscle spasm with ankylosed right hip, depression aggravated by chronic pain, and radicular pain radiating to legs. The injured worker was noted to have reduced back pain using a TENS unit, and Lidoderm patches previously prescribed for nerve pain. An Initial Physician Evaluation dated November 3, 2014, noted the injured worker with lower lumbar pain, with flare ups every day with increasing pain and tingling in both lower extremities. The Physician noted neuro-diagnostic testing performed on November 7, 2013 revealed no evidence of peripheral neuropathy or lumbar sacral radiculopathy. The testing report was not included in the provided documentation. On October 9, 2014, a request was made for authorization of one prescription of Lidoderm 5% one patch daily #30. On October 24, 2014, Utilization Review evaluated the request for one prescription of Lidoderm 5% one patch daily #30, citing MTUS American College of Occupational and Environmental Medicine (ACOEM) Low Back Disorders, Goodman and Gilman's The Pharmacological Basis of Therapeutics, the Physician's Desk Reference, the Official Disability Guidelines (ODG) Worker's Compensation Drug Formulary, Epocrates Online, Monthly Prescribing Reference, and the Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator. The UR Physician noted that based on the current documentation, there was no evidence based medicine to support any significant benefit from the use of Lidoderm patches for injured workers with chronic back pain, and therefore the request for Lidoderm patches for the lumbar spine was not medically necessary or appropriate and was recommended for non-certification. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "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 anti-depressants or an AED 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. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.