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| Case Number: | CM14-0200476 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 12/01/1998 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 11/15/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 52 year old patient with date of injury of 12/01/1998. Medical records indicate the patient is undergoing treatment for low back pain, cervical facet syndrome, radiculopathy, cervical pain, pain in limb and wrist pain. Subjective complaints include neck, bilateral wrist and left foot pain, with medications 5/10 and without medications 7/10 with poor quality of sleep. Objective findings include cervical spine range of motion - right lateral bending 25 degrees, right lateral rotation 40, normal flexion, extension and lateral rotation to left, cervical paravertebral muscle spasm, tenderness, tight muscle band and trigger points to right side, tenderness at trapezius and right cervical facet joints, positive Spurling's; lumbar spine paravertebral muscle tenderness bilaterally, straight leg and Faber test negative and tenderness to left wrist scaphoid area. EMG/NCS on 10/16/2009 revealed left medial plantar sensory unobtainable and remainder of test was WNL. Treatment has consisted of surgical intervention, cervical and lumbar radiofrequency ablation, EMG/NCS, Ambien, Miralax, Senna, Phenergan, Voltaren Gel, Lidoderm Patch, Oxycontin, Norco, Soma and Amatriptyline. The utilization review determination was rendered on 11/15/2014 recommending non-certification of Lidoderm patch, #30, 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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-pruritic. For more information and references, see Topical analgesics." 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 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 do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm patch, #30, 3 refills is not medically necessary.