

Case Number:	CM15-0000661		
Date Assigned:	01/12/2015	Date of Injury:	03/12/1997
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 52 year old female suffered an industrial injury on 3/12/97 with subsequent ongoing back pain. Treatment included medications, implanted spinal cord stimulator and psychotherapy. In a PR-2 dated 11/20/14, the physician noted that the injured worker suffered from chronic low back pain and headaches as well as a significant underlying psychiatric condition. Current diagnoses included acute exacerbation of low back and buttock pain, chronic low back pain, post laminectomy syndrome, lumbar degenerative disk disease, lower extremity radicular pain, status post implantation of dual lead Medtronic spinal cord stimulator system and depression secondary to chronic pain and disability. Physical exam was remarkable for significant tenderness of the lumbar paraspinal musculature with acute spasm and decreased range of motion secondary to pain, positive straight leg raise on the right at 60 degrees and tightness through the lower thoracic up to the interscapular region causing tight tension into the cervical palpation in the suboccipital. The treatment plan included Ultram ER 150 mg daily, Norco 7.5/325 mg twice a day #60 (for weaning purposes), Senokot-S twice a day, Lidoderm patch over the generator site for continuing neuropathic pain and continuing use of the spinal cord stimulator. In a PR-2 dated 12/16/14, the physician noted that the Lidoderm was being used specifically for neuropathic pain described as burning in the site of the spinal cord stimulator generator. On 12/17/14, Utilization Review non-certified a request for Lidoderm disc 5%, # 30 citing CA MTUS 2009, Chronic pain, pg. 78 and pages 111-113 and Mick G., Cornea-Illanes, G. Topical pain management with the 5% lidocaine medicated plaster - a review. Current Medical Resident Opinion, 2012, June 28(6), 937-51.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Pain: Lidoderm® (lidocaine patch).

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. 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 (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.In this case the patient has been using topical Lidoderm since at least June 2014 and has not obtained analgesia. Documentation does not support the diagnosis of neuropathic pain. The guidelines state that Lidoderm is indicated for neuropathic pain and should be discontinued if improvement does not continue. Criteria for long-term use of Lidocaine have not been met. The request should not be authorized.