

Case Number:	CM15-0138995		
Date Assigned:	07/28/2015	Date of Injury:	03/12/2010
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 58 year old male sustained an industrial injury on 3/12/10. He subsequently reported neck pain radiating into shoulders. Diagnoses include sprain of neck, as well as cervical disc disease with cervical radiculopathy. Treatments to date include x-ray testing, MRI, injections, physical therapy and medications. The injured worker reports that injections provided temporary relief of neck pain but the procedure elevated his blood sugar. Upon examination, there is tenderness to palpation in the cervical spine and 1+ deep tendon reflexes and reduced ranges of motion are noted. A request for Lidoderm Patches 5% QTY: 30 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 56-57, and 111-113.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. Topical lidocaine in the dermal patch formulation (Lidoderm), can be recommended for neuropathic pain after a trial of first line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Per the Guidelines, additional quality studies are needed to recommend Lidoderm for other chronic neuropathic pain. Per the records for the patient, he does have documented radicular pain symptoms, consistent with neuropathic pain, though patient does not have post-herpetic neuralgia. While Lidoderm does not have FDA approval for treatment of any neuropathic pain except post-herpetic neuralgia, the Guidelines do allow for use of Lidoderm in treatment of neuropathic pain, in general, after failure of first line medications. However, for the patient of concern, there is no documentation supplied that indicates patient has tried and failed first line therapies. There is also insufficient documentation of any contraindications to first line therapies. ("Liver disease" is cited in the primary treating physician's notes as a reason to avoid oral medications, but there is no clinical record of the exact nature and extent of patient's "liver disease," so that would not necessarily limit oral medication / first line therapy use.) As there is no clear reason to avoid first line therapies and no documentation of failure using first line therapies, Lidoderm would not be indicated and therefore is not medically necessary.