

Case Number:	CM15-0169000		
Date Assigned:	09/09/2015	Date of Injury:	11/06/2001
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina

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:

The injured worker is a 40 year old male who sustained an industrial injury on 11-06-2001. Diagnoses include post traumatic head injury, balance dysfunction secondary to traumatic brain injury, and left shoulder impingement. A physician progress note dated 08-07-2015 documents the injured worker has challenges with his balance consisting of unsteadiness and dizziness without falls. He complains of headaches managed with Tylenol ES, left shoulder pain, which is managed with Lidoderm 5% patches, sleep is managed with the use of Melatonin, and sexual dysfunction is managed with Levitra. He is supervised and supported in his environment by his wife as a paid PCA. He ambulates with a slightly wide based gait which is chronic. His cognitive status is unchanged and appropriated with occasional cueing from his wife. He is rated as a severe disability on the Glasgow Outcome scale and needs 24-7 direct and distant supervision and support. Treatment to date has included diagnostic studies, medications, attendance at Integrity House-day activity program 5 days a week; and he attends a fitness center three times a week to maintain his physical and mental health through aerobic exercises. Current medications include Levitra, Restasis, Tylenol ES, Lidoderm, and Melatonin. Treatment requested is for Lidocaine (Lidoderm) 5% patch #30. On 08-12-1015 the Utilization non-certified the request for Lidocaine (Lidoderm) 5% patch because the documentation is lacking objective functional benefit with prior use of this medications, and provided no failed trial of first-line recommendations of oral antidepressants and anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine (Lidoderm) 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. 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-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: 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. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.