

Case Number:	CM15-0169002		
Date Assigned:	09/09/2015	Date of Injury:	05/09/1999
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
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 59 year old female, who sustained an industrial injury on 5-9-1999. The current diagnoses are degeneration of cervical intervertebral disc, chronic pain syndrome, cervicogenic headache, degeneration of lumbar or lumbosacral intervertebral disc, post-laminectomy syndrome of the cervical region, thoracic or lumbosacral neuritis or radiculitis, brachial neuritis or radiculitis, myalgia and myositis, cervicgia, lumbago, cervical facet joint pain, lumbar facet joint pain, sacroiliitis, osteoarthritis of the spinal facet joint, arthropathy of spinal facet joint, sacroiliac joint somatic dysfunction, and lumbar radiculopathy. According to the progress report dated 8-7-2015, the injured worker complains of stabbing pain in her low back with radiation into her left groin. On a subjective pain scale, she rates her pain 6 out of 10 with medications and 10 out of 10 without. The physical examination of the lumbar spine reveals tenderness bilaterally over the lumbosacral region, positive straight leg raise, and restricted range of motion. The current medications are Fioricet, Percocet, Lidoderm patches, and Prilosec. Per notes, chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning. There is documentation of ongoing treatment with Lidoderm patches since at least 1-9-2015. Treatment to date has included medication management, heat, ice, rest, gentle stretching and exercises, MRI studies, acupuncture, and surgical intervention. Work status is not described. The original utilization review (8-18-2015) non-certified a request for Lidoderm 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% apply to skin every 12 hours #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 documented localized peripheral pain. Therefore criteria as set forth by the California MTUS as outlined above have been met and the request is medically necessary.