

Case Number:	CM15-0180115		
Date Assigned:	09/21/2015	Date of Injury:	08/02/2010
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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 49 year old female, who sustained an industrial injury on August 02, 2010. The injured worker was diagnosed as having chronic left ankle pain, osteochondritis dissecans of the talus of the left ankle, status post removal of loose body on the left ankle performed on July 14, 2011, and microfracture of the talus. Treatment and diagnostic studies to date has included use of a front wheeled walker, medication regimen, physical therapy, magnetic resonance imaging of the left ankle, and above noted procedure. In a progress note dated August 07, 2015 the treating physician reports complaints of persistent, deep, aching pain to the left foot and ankle along with an increase in pain to the right knee. Examination performed on August 07, 2015 was revealing for tenderness and stiffness of the left ankle, decreased range of motion of the left ankle with pain, swelling to the foot and ankle, tenderness to the right knee joint line, pain with range of motion of the right knee, and decreased strength to the knee. On August 07, 2015 the injured worker's medication regimen included Norco, Naproxen, and a Lidoderm Patch with the treating physician noting that the use of her medication regimen does not alleviate her symptoms, but allows the symptoms to be "more bearable throughout the day". On August 07, 2015 the injured worker's pain level to the left foot and ankle was rated an 8 out of 10 and the pain to the right knee was rated a 9 out of 10, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of her current medication regimen. On

August 07, 2015 the treating physician requested the medication of a Lidoderm patch 5% with a quantity of 30 for neuropathic pain. On August 17, 2015 the Utilization Review determined the request for Lidoderm Patch 5% with a quantity of 30 to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #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 does have lower extremity pain, however 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.