

Case Number:	CM15-0181005		
Date Assigned:	09/22/2015	Date of Injury:	06/15/2006
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58 year old female, who sustained an industrial injury on 6-15-06. Medical record indicated the injured worker is undergoing treatment for acquired spondylolisthesis, lumbosacral spondylosis and sciatica. Treatment to date has included lumbar epidural steroid injection (8-11-15), oral medications including Motrin 600mg, Hydrocodone-apap 5-325mg; topical Ketamine 5% cream and Lidoderm 5% patch. (EMG) Electromyogram studies of bilateral upper extremities performed on 8-4-14 revealed a normal study and (NCV) Nerve Condition Velocity studies performed on 8-4-15 revealed latencies compatible with residual carpal tunnel syndrome. Currently on 8-24-15, the injured worker reports she had a reduction in pain for 10 out of 10 to 8 out of 10 for 2 days following lumbar epidural steroid injection; however, the pain has returned to baseline. She continues to have low back pain with radiation into the left lower extremity as well as numbness and tingling and she has difficulty standing for more than 5 minutes. Work status is noted to be previously permanent and stationary. Physical exam performed on 8-24-15 revealed an antalgic gait. The treatment plan included prescriptions for Ketamine 5% cream 60gr, Lidoderm 5% patch #60 and Hydrocodone-apap 5-325mg #30. On 9-2-15 utilization review non-certified request for Ketamine 5% cream noting Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials and non-certified a request for Lidoderm 5% patches noting guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: Overturned

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): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and Other Medical Treatment Guidelines UpToDate.com, Lidocaine (topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. 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. For more information and references, see Topical analgesics." ODG further details, "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 patches and duration for use (number of hours per day). (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." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes does detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm 5% patches is medically necessary.

Ketamine 5% cream 60gr qty 2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants. KETAMINE (LAST RESORT TOPICAL) MTUS states regarding topical Ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Although she has failed multiple therapies, the medical records do not indicate that all primary and secondary treatment options have been exhausted. As such, the request for Ketamine 5% cream 60 gm qty 2 is not medically necessary.