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| Case Number: | CM15-0183870 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 05/15/2000 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 72 year old female, who sustained an industrial injury on 5-15-00. The injured worker was diagnosed as having lumbar spinal stenosis with low back pain, bilateral knee pain and bilateral hand pain secondary to carpal tunnel syndrome. Treatment to date has included physical therapy and medications. Currently, the PR-2 notes dated 8-5-15 indicated the injured worker complains of lower backache. The provider documents "pain level has increased since last visit. Patient rates her pain with medications as 5 on a scale of 1 to 10. Patient rates her pain without medications as 7 on a scale of 1 to 10. Reporting increased pain in right knee, she does not report any change in location of pain. No new problems or side-effects. Quality of sleep is fair. She is not trying any other therapies for pain relief. She denies any new injury since last visit." He notes a "Quality of Life Scale" as a "7 - Patient is active-community activity for a few hours every day and can be active at least five hours a day. Her activity level has decreased. The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. Patient shows no evidence of developing medication dependency. No medication abuse is suspected." The provider lists the current medications as: Lunesta, Voltaren 1% gel, Norco, Medi-patch, Prozac, Benadryl, Detrol LA, Levothyroxine, Lumigan eye drops, Vitamin D and Vytorin. The provider notes Objective findings as "The patient has an antalgic gait; doesn't use assistive devices. The lumbar spine range of motion is restricted with flexion to 80 degrees, extension limited to 15 degrees and by pain. On palpation, paravertebral muscles, tenderness and tight muscles band is noted on both sides. No spinal process tenderness is noted. Lumbar facet loading is negative on both sides. Straight leg raising test is negative. The wrist

exam for both: No limitation is noted in palmer flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Phalen's sign is positive. Tinel's sign is negative. Tenderness to palpation is noted over anatomical snuffbox. Right knee exam: Tenderness to palpation is noted over the lateral joint line, patella, pes anserine and no edema-redness. Negative anterior drawer, 1A Lachman test and negative pivot shift test. Negative posterior drawer test and reverse pivot shift test. There is mild effusion in the right knee joint. Left: Tenderness to palpation is noted over the medial joint line. No joint effusion noted." His treatment plan includes a continuation of using bilateral wrist splints at night for carpal tunnel syndrome. He notes she has completed her 12 authorized physical therapy sessions. Norco is noted as helpful but discontinues Percocet as it has been denied. Lunesta for sleep disturbance will have no refill at this time. He has also requested the Medi-patch with Lidocaine. The provider noted "A trail medi-patch with lido for relief of neuropathic pain in the bilateral knees" was started on July 1, 2015 per that dated PR-2. A Request for Authorization is dated 8-29-15. A Utilization Review letter is dated 8-21-15 and non-certification was for a prescription for 5% lidocaine. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for a prescription for 5% lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RX for 5% lidocaine: 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, Lidoderm Patches.

Decision rationale: The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Their use is largely experimental with few randomized controlled trials to determine efficacy or safety. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. The ODG guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for post herpetic neuralgia. ODG Criteria for use of Lidoderm patches include: (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 antidepressants 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. In this case, there is no documentation of efficacy for the documented use of a Medi-patch with lidocaine prescribed on 7-1-15. The Request for Authorization for 5% lidocaine does not include the area for treatment, quantity and duration of use. The request for lidocaine 5% is not consistent with the MTUS and ODG guidelines and is not medically necessary.