

Case Number:	CM15-0207506		
Date Assigned:	10/26/2015	Date of Injury:	02/13/2013
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female who sustained an industrial injury 02-13-13. A review of the medical records reveals the injured worker is undergoing treatment for depression, post-traumatic stress disorder, and degeneration of cervical disc. Medical records (09-15-15) reveal the injured worker complains of chronic neck pain, which is not rated. The physical exam (09-15-15) reveals increase muscle tone in the trapezius, with palpable tenderness. Prior treatment includes home exercises, a foam roller, and medications. The treating provider reports the plan of care as Norco, Lidoderm patches, as well as docusate sodium and venlafaxine. The original utilization review (10-06-15) non-certified the request for Lidoderm patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30: Overturned

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

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

Decision rationale: Medical records indicate the patient has ongoing neck and upper back pain. The current request for consideration is a lidoderm patch 5% #30. The attending physician states that the patient has neck pain due to cervical disc degeneration and the Lidoderm is for the patient's neuropathic pain. The CA MTUS has this to say regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 antidepressants 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. In this case, the 11/3/15 supplemental report indicates the patient has EMG evidence of cervical radiculopathy, focal neuropathy or polyneuropathy. Physical exam shows diminished reflexes in the upper extremity and clinical complaints are consistent with radiculopathy. The CA MTUS does recommend Lidoderm patches for neuropathic pain and therefore the request is consistent with MTUS guidelines. As such, the request is medically necessary.