

Case Number:	CM14-0135203		
Date Assigned:	08/29/2014	Date of Injury:	02/17/2006
Decision Date:	10/21/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 72-year-old female patient who sustained an industrial injury on 02/17/2006. Mechanism of injury was not provided. Diagnosis is lumbar sprain (847.2). Previous treatment has included analgesic medications, manipulative therapy, and opioid therapy. A request for Lidoderm (lidocaine patch 5%) x 30 was non-certified as a utilization review on 08/08/14 with the reviewing physician noting that topical lidocaine is indicated for the treatment of localized peripheral pain or neuropathic pain when there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case that was not documented. Other medications include Colace 100 mg, oxymorphone, and tramadol 50 mg. Detailed pharmacy history was provided for review indicating the patient has been prescribed topical Lidoderm patch since at least 2009. On 10/26/12 the patient reported a pain level of 9/10. Medications were refilled including Opana ER, Colace, Lidoderm patch, and Opana IR. On 05/10/13, the patient reported no significant improvement. Medications were refilled including Lidoderm patch. On 07/19/13 the patient again reported no significant improvement. She remains on same medications, which were refilled. On 09/27/13 the patient again reported no significant improvement. Patient remains on same medications. On 10/25/13 the patient reported no significant improvement. These medications were again refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine patch5%) x30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS guidelines indicate that Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) 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. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. The patient is documented to be on opioids, Colace, and Lidoderm since 2009 without any documented benefit as a result. Documentation does not describe localized peripheral pain. There is no evidence to suggest that Lidoderm topical patch is providing any analgesic benefit or resulting in improved function. The current request does not specify frequency of dosing. Based on all of the above, Lidoderm (lidocaine patch 5%) x 30 is not medically necessary and is non-certified.