

Case Number:	CM14-0179282		
Date Assigned:	11/03/2014	Date of Injury:	12/03/2012
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 53 year old employee with date of injury 12/3/12. Medical records indicate the patient is undergoing treatment for discogenic lumbar condition with facet inflammation and radiculopathy, internal derangement of the left knee, bilateral hip inflammation with groin pain, and chronic pain syndrome. Subjective complaints include; pain lower back with intermittent spasms, and left knee pain with weakness. Patient reports pain is constant and increases with sitting longer than an hour, standing longer than 20 minutes, and walking further than a block. The pain is affecting his sleep. Objective complaints include lumbar flexion to 50 degrees; extension to 15 degrees; left knee extension to 175 degrees and flexion to 110 degrees. MRI lumbar spine shows disc bulge L3-L4 and L4-L5 with no significant foraminal narrowing. MRI of left knee showing partial visualized metallic susceptibility artifact seen in the distal femoral diaphysis with medial soft tissue, quadriceps and pes anserine tendinosis, suprapatellar and tibiofemoral joint effusion, subchondral cyst in the lateral tibial plateau with no other significant findings noted. Patient ambulates with a cane. Gait is stable. Treatment has consisted of two epidural injections, transcutaneous electrical nerve stimulation (TENS) unit, knee brace, hot & cold modalities, psychiatric evaluation and pain management. Medications include Vicodin, Flexeril, Voltaren gel, Lidoderm patch, Tramadol ER, Protonix and Naproxen. The utilization review determination was rendered on 4/5/2014 recommending non-certification of 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 patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Lidoderm Patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics, Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (Topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a Lidocaine patch produced by [REDACTED]. 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 did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm 5% patches #30 is not medically necessary.