

Case Number:	CM14-0179507		
Date Assigned:	11/04/2014	Date of Injury:	08/03/1999
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family 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 60-year-old patient who reported an industrial injury on 8/3/1999, over 15 years ago, attributed to the performance of usual and customary job tasks. The patient complained of increased pain and numbness to the right hand and wrist along with the right forearm, right elbow and right shoulder. The objective findings on examination included full range of motion of the right wrist with no associated pain; tenderness over the radial wrist and dorsal wrist; atrophy of the thenar Eminence on the right side; Finkelstein test was negative; Tinel's sign was positive on the right wrist; Phalen's test negative; tenderness over the right extensor forearm; full range of motion to the wrist and elbow; tenderness over the lateral epicondyles; right shoulder with full range of motion associate with pain at the end limit; reported but unspecified sensory impairment over the bilateral hands. The patient was diagnosed with right carpal tunnel syndrome, right elbow lateral epicondylitis, and right shoulder tendinitis. The patient was prescribed Celebrex 200 mg #30 and Lidoderm 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines anti-inflammatory medications, topical analgesics Page(s): 67-68, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; topical analgesics

Decision rationale: The prescription of topical Lidoderm 5% patches #30 was not demonstrated to be medically necessary and no objective evidence to support the medical necessity of the prescribed topical lidocaine for the cited diagnoses. The CA MTUS does not recommend the use of Lidoderm patches for pain control, as the patches are only FDA approved for the treatment of neuropathic pain attributed to post herpetic neuralgia. The patient is being treated with Lidoderm patches for chronic RUE pain. There is no medical necessity for the use of the Lidoderm patches for the objective findings documented on examination. The request for authorization of the Lidoderm patches is not supported with objective evidence and is not recommended as a first line treatment for the treatment of chronic RUE pain. There is no objective evidence that the Lidoderm patches are more effective than the many available alternatives for the treatment of chronic pain. There is no objective evidence to support the use of Lidoderm patches for the stated symptoms, as there are available alternatives. There is no objective evidence to support the use of topical lidocaine for the treatment of the documented diagnoses. The applicable evidence based guidelines state that more research is required prior to endorsing the use of Lidoderm patches for the treatment of chronic pain. The prescription of Lidoderm patches is FDA approved only for post herpetic neuralgia and is not to be used as a first line treatment. The provider provides no rationale for the use of the dispensed/prescribed Lidoderm patches over the readily available medical alternatives. The prescription of the Lidoderm patches is inconsistent with evidence-based guidelines. There are no prescribed antidepressants or gabapentin to support the medical necessity of Lidoderm topical patches. Evidence-based guidelines necessitate documentation of 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) to support the medical necessity of Lidoderm patch. The patient is not taking Neurontin, thus Lidoderm is not appropriate for the treatment of this patient. There is no objective evidence to support the use of Lidoderm patches for the continuous and daily treatment of chronic back pain. There is no current clinical documentation that indicates that the patient has a localized area of neuropathic pain for which this medication would be medically necessary. There is no demonstrated medical necessity for Lidoderm patches or topical lidocaine ointment to treat the effects of the industrial injury. ODG identifies that 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. Additionally, ODG states that topical lidocaine 5% patch has been approved by the FDA for post-herpetic neuralgia, and is used off-label for diabetic neuropathy and other neuropathic pain. It has been shown to be useful in treating various chronic neuropathic pain conditions in open-label trials. (Argoff, 2006) (ODG, Pain Chapter). There is no demonstrated medical necessity for the prescribed Lidoderm 5% patches #30.

Celebrex 200mg #30 PO q day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications, Celebrex Page(s): 67-68, 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- medications for chronic pain; NSAIDs

Decision rationale: The patient was prescribed Celebrex, a COX II inhibitor for the treatment of chronic RUE pain. There is documentation that the patient has any stomach issues with Celebrex or any other NSAID. There were no other prescribed COX I NSAIDs prescribed to the patient to evaluate for efficacy. The treatment with the NSAIDs is consistent with evidence-based guidelines for the treatment of pain and inflammation. There is no medical necessity for the prescription of a COX II inhibitor without the documentation of a patient's reaction to a prescribed more than one COX I inhibitor. The prescription for Celebrex was accompanied by clinical documentation of a GI reaction from the patient from the prescription of available COX I inhibitors. The medical records demonstrate that a NSAID is prescribed; however, there is demonstrated medical necessity for a COX II inhibitor over a COX I inhibitor NSAID or an OTC NSAID. The medical records reflect a rationale for the use of Celebrex as opposed to a standard NSAID/COX I inhibitor for the demonstrated ongoing symptoms. The California MTUS states that Celebrex is a nonsteroidal anti-inflammatory drug that is a Cox II selective inhibitor, a drug that directly targets Cox II, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain management procedures. It may be considered the patient has a risk of G.I. complications but not for the majority of patients. Generic NSAIDs and Cox II inhibitors have similar efficacy and risks when used for less than three months but a 10 to 1 difference in cost. There is no current clinical documentation that indicates that the patient has an acute inflammatory process for which this medication would be necessary patient appears to have had renal functioning issues in the past that were related to NSAID medications. Therefore, Celebrex 200 mg #30 is not clinically indicated or medically necessary.