

Case Number:	CM14-0180218		
Date Assigned:	11/04/2014	Date of Injury:	01/17/2008
Decision Date:	12/10/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/30/2014

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:

The injured worker is a 57-year-old female with an original date of injury of January 17, 2008. The industrially related diagnoses include chronic arm pain, reflex sympathetic dystrophy of the upper limb, and rotator cuff syndrome. The patient also has documentation of difficulty sleeping according to progress note on March 25, 2014. The patient has had conservative management with pain medications and previous physical therapy. The disputed issue is a request for Lidoderm patch. A utilization review determination had noncertified this request, citing as the basis for denial that "the patient has a diagnosis of CRPS and symptoms are noted to be generalized throughout the upper extremity rather than localized." The utilization reviewer further noted that the documentation for this medication indicates that usage has been for at least one year without clear documentation of quantifiable pain relief and functional improvement from prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, one (1) patch, 12 hours on/12 hours off: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Chronic Pain Medical Treatment Guidelines Page 112 of 127 state the following: "Topical 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 anti-depressants 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. 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. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)"Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is indication of CRPS, which make the patient a viable candidate for topical Lidoderm as CRPS is a neuropathic pain process. However, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. This includes a review of many handwritten relatively recent notes such as the one dated 5/7/2014. These notes fail to indicate whether the patient is receiving analgesic benefit (and to what degree) or functional benefit. As such, the currently requested lidoderm is not medically necessary.