

Case Number:	CM14-0070504		
Date Assigned:	07/14/2014	Date of Injury:	10/23/2010
Decision Date:	10/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 67-year-old male who reported an industrial injury on 10/23/2010, four (4) years ago, attributed to the performance of his usual and customary job duties. The patient complains of right shoulder pain. The patient was originally treated conservatively but was then underwent arthroscopic surgical intervention to the right shoulder during April 2011. The patient continues to complain of right shoulder pain. The objective findings on examination were limited to tenderness to palpation. The patient was diagnosed with shoulder injuries; s/p right shoulder arthroscopy during April 2011; diabetes mellitus; hypertension; myofascial pain. The treatment plan included continued TENS patches; LidoPro cream; Omeprazole b.i.d.; and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>

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

Decision rationale: The prescription of topical Lidocaine ointment (LidoPro) 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 California MTUS does not recommend the use of LidoPro cream for pain control as the ointment is only FDA approved for the treatment of neuropathic pain attributed to post herpetic neuralgia. The patient is being treated with LidoPro Cream for chronic musculoligamentous back pain. There is no medical necessity for the use of the LidoPro cream for "tenderness" as documented on examination. The request for authorization of the LidoPro cream is not supported with objective evidence and is not recommended as a first line treatment for the treatment of chronic ankle pain. There is no objective evidence that the LidoPro ointment is more effective than the many available alternatives for the treatment of chronic pain. There is no objective evidence to support the use of Lidoderm ointment 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 objective findings on examination. The applicable evidence-based guidelines state that more research is required prior to endorsing the use of LidoPro ointment for the treatment of chronic pain. The prescription of LidoPro ointment 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 LidoPro ointment over the readily available medical alternatives. The prescription of the LidoPro ointment is inconsistent with evidence-based guidelines. There are no prescribed antidepressants or gabapentin to support the medical necessity of Lidoderm topical cream or ointment. 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 anti-epilepsy drug 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. The Official Disability Guidelines identifies that 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. Additionally, Official Disability Guidelines states that topical Lidocaine 5% patch/ointment 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) (Official Disability Guidelines, Pain Chapter). There is no demonstrated medical necessity for the prescribed LidoPro 120 mg ointment for the effects of industrial injury.