

Case Number:	CM14-0213092		
Date Assigned:	12/30/2014	Date of Injury:	04/16/2002
Decision Date:	02/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 has a date of injury of 4/16/02 when her left foot was ran over by a wheelchair resulting in a crush type injury. She has had chronic left lower leg and foot pain since that injury. A podiatrist did perform arthrotomy of the left ankle in October 2013. She continues to use medications including Zoloft, Zofran, Norco, baclofen and gabapentin. Treatments have included physical therapy, nerve blocks and TENS unit. She did participate in a Functional Restoration Program in December 2014. Current diagnoses are chronic left foot pain secondary to left foot crush injury and neuropathic pain of the left foot and ankle. The primary treating physician has requested Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lidoderm patches

Decision rationale: The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Their use is largely experimental with few randomized controlled trials to determine efficacy or safety. 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 are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The ODG guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for postherpetic neuralgia. ODG Criteria for use of Lidoderm patches include: (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. In this case there is no documentation of failure of antidepressant or anticonvulsant treatment. She is currently on Zoloft and gabapentin. If it is determined that those medications are not effective, use of a Lidoderm patch might be considered to be medically necessary. The Request for Authorization for Lidoderm patches does not include the area for treatment, the number of patches and duration of their use. The records do include a handwritten prescription however the details are not clearly legible. The request for Lidoderm patches 5% is not medically necessary.