

Case Number:	CM14-0213658		
Date Assigned:	12/31/2014	Date of Injury:	09/19/2006
Decision Date:	02/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: California
 Certification(s)/Specialty: Family Practice

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 59-year-old cabinet installer reported an injury to his low back which occurred during the usual course of his work on 9/19/2006. Apparently he returned to work and had a similar injury on 12/29/2006, and has not worked since. Treatment has included 2 low back surgeries, medications, physical therapy, acupuncture and epidural steroid injections. There are multiple notes in the available records from his current primary treater, a pain specialist, dated from 1/24/14 to 10/17/14. The notes document significant ongoing back pain which radiates to the patient's right lower extremity. He has tenderness and decreased range of motion of his back, with right-sided weakness and numbness. Diagnoses include status post L4-5 lumbar surgery, residual low back and right radicular pain, abdominal pain, GERD, opioid induced constipation, depression, anxiety and insomnia. Multiple medications are documented as prescribed at each visit. These always include Neurontin and Lidoderm patches, and almost always include Norco. The provider documents a number of rationales for continuing to prescribe Lidoderm, including that the patient finds it helpful for neuropathic pain in his low back (6/4/14); that it helps him decrease his Neurontin use and avoid increasing his Norco (7/2/14); and that Lidoderm decreases his need for Neurontin, which he finds sedating, and allows him to maintain his ability to work (8/21/14). The records do not support these rationales. Although the dose of both Norco and Neurontin varies somewhat over the ten months documented, there was no overall decrease in Neurontin, and the Norco dose appeared to be completely independent of Lidoderm use. On 1/24/14 the patient was taking Neurontin 400 mg 3 times per day, and Norco 10/325 mg 3 times per day. On 10/17/14, the doses of both medications were identical. Interim attempts to

decrease or discontinue Norco use have been completely unsuccessful, and the patient continues to occasionally need Norco up to 4 times per day. Despite the provider's somewhat disingenuous statement that Lidoderm allows the patient to maintain his ability to work, the patient does not appear to be working. The provider's notes either do not address his work status or state that it is "per permanent and stationary". Functional status is rarely discussed. When it is mentioned, only non-work activities such as "performing activities of daily living" and "maintaining an exercise program" are described. The provider states that the patient's medications make these activities possible, and without his medications he would be mostly sedentary. Lidoderm patches have been non-certified in UR multiple times, but apparently continue to be prescribed. On 12/8/14 a request for Lidoderm patches was non-certified in UR, with MTUS Chronic Pain, Topical Analgesics cited as the basis for the non-certification. The Lidoderm patches had been prescribed on 11/21/14. There is no provider's note or request for authorization from that date in the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% prescribed 11-21-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Topical Analgesics; Lidoderm (lidocaine patch) Page(s): 60; 112; 5.

Decision rationale: The first reference cited above states that medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. According to the other MTUS citations above, Lidoderm is indicated for localized neuropathic pain if there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Only FDA-approved products are indicated, and no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical lidocaine is not indicated for non-neuropathic pain. Lidoderm patches are only FDA-approved for post-herpetic neuralgia. The clinical findings in this case do not support the use of Lidoderm patches. Although the patient is taking a first-line drug for neuropathic pain (gabapentin) for neuropathic pain, he appears to have unacceptable side effects from it that do not allow it to be used at higher doses. There is no documentation of trials of other first-line agents such as a tricyclic or an SNRI. Although the provider has documented potential benefits from use of the Lidoderm patch such as decreased use of Neurontin and keeping the Norco dose stable, neither of these goals has actually occurred. Although the provider has also stated that use of Lidoderm allows the patient to maintain his ability to work, it does not appear that he is working or has any intention to do so. There is no documentation of any functional improvement occurring as the result of using this medication. Vague statements that medications allow the patient to engage in exercise and activities of daily living are not actually clear documented evidence of functional improvement, especially in the setting of

ongoing total disability. Based on the MTUS citations above and on the clinical records provided for my review, Lidoderm patch 5% is not medically necessary. It is not medically necessary because there is no documentation of appropriate trials of first-line drugs for the patient's neuropathic pain, because it has not caused results consistent with the provider's rationale for its use, and because it has not resulted in any functional improvement.