MAXIMUS Federal Services

Case Number:	CM14-0217036		
Date Assigned:	01/06/2015	Date of Injury:	02/27/1995
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old man sustained an industrial injury on 2/27/1995 to the hips and lungs after exposure to as yet undetermined gas or aerosolized substance. Diagnoses include asthma and avascular necrosis to the hip due to pulmonary complications. The worker is currently retired on total disability. Treatment has included oral and topical medications, land and water physical therapy, DME equipment including a brace which has been re-fitted as needed and a cane, total right hip arthroplasty, repeat surgical procedures for scar revision, and podiatry consultation. Physician notes dated 12/15/2014 show continued complaints of back pain with radiation to the right posterior leg with accompanying numbness and tingling. The worker attributes this to the brace and states that the numbness has extended further down the calf. There is no change to the weakness in the right leg. The physician notes that the three Lidoderm patches, applied to the worker's spine and buttocks, have substantially reduced the neuropathic pain and allowed him to live independently and perform all activities of daily living and participate in active rehabilitation and reduce his oral pain medication use. The Lidoderm has decreased his pain rating from 10/10 to 6/10. The physician continues to detail that the worker has trialed Lyrica, Neurontin, and tricyclics in the past without significant neuropathic pain relief prior to ordering the Lidoderm patches. On 12/8/2014, Utilization Review evaluated a prescription for Lidoderm 5% patches 33 boxes. The UR physician noted that there was no documentation of a tri-cyclic or SNRI anti-depressant or antiepileptic drug such as Gabapentin or Lyrica tried first. Lidoderm is not approved for first line use. Further, there is only a vague description of the symptomatic

areas of pain and no pain levels or responses to medications documented. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches (90 patches), #3 boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidoderm 5% patches (90 patches), #3 boxes is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that lidocaine is only approved in the patch form and only for postherpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had received Lyrica, Neurontin, and tricyclics without significant pain relief. It was also indicated that the patches provided relief. However, there was no documentation regarding this injured worker having postherpetic neuralgia. Consequently, the request is not supported by the evidence based guidelines. Additionally, the body region, duration, and frequency of use are not indicated in the request. As such, the request for Lidoderm 5% patches (90 patches), #3 boxes is not medically necessary.