

<b>Case Number:</b>	CM15-0010035		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 is a 45 year old male, who sustained an industrial injury on 06/29/2012 to the right knee. He continues to report right knee pain. The diagnoses have included right knee osteoarthritis and meniscal tear, status post arthroscopic surgery with partial lateral meniscectomy and debridement, performed on 07/08/2013. Other treatment has included medications and corticosteroid injection. A progress note from the treating physician, dated 12/11/2014, documented a follow-up visit with the injured worker. The injured worker reported right knee pain; and hypersensitivity of the lateral right knee with weakness and numbness. Objective findings included hypersensitivity over his lateral joint line and anterolateral arthroscopic portal of the right knee. The treatment plan has included recommendation for Lidoderm patch for the right knee for pain relief; and follow-up evaluation in 12 to 18 weeks. On 12/23/2014 Utilization Review non-certified a prescription for Lidoderm Patches 5% #30. The CA ACOEM and the ODG were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of a prescription for Lidoderm Patches 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Lidoderm Patches 5% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Topical Analgesics

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

**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 antidepressants 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 and no diagnosis of neuropathic pain. The guidelines note that it is not generally recommended for treatment of osteoarthritis. The request for Lidoderm patches 5% #30 is not medically necessary.