

Case Number:	CM15-0010218		
Date Assigned:	01/30/2015	Date of Injury:	12/26/2012
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	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: 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:

The injured worker is a 44 year old male with an industrial injury dated December 26, 2012. The injured worker diagnoses include degeneration of lumbar intervertebral disc, degeneration of lumbosacral intervertebral disc, pain in thoracic spine, left, low back pain, thoracic radiculitis, fibromyositis, chronic pain syndrome and abdominal pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/23/14, the injured worker reported chronic low back pain. Physical exam revealed persistent marked tenderness and paraspinal muscle hypertonicity T8-11, left greater than right, and pain proximally into axillae with deep palpitation. The treating physician prescribed Lidoderm patches 2 patches every day #60 Refills: 3. Utilization Review determination on January 5, 2015 denied the request for Lidoderm patches 2 patches every day #60 Refills: 3, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 2 Patches Every Day #60 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm & Topical Analgesics Page(s): 56 & 112.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of a Lidoderm patch as a treatment modality. These guidelines state the following: 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 Anti-Epilepsy Drug (AED). Lidocaine Indication: Neuropathic pain: 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). 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 (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In this case there is insufficient evidence that the intent for the use of Lidoderm is to address neuropathic pain. There is insufficient evidence that the patient has neuropathic pain as a component of his chronic low back pain. The records suggest that Lidoderm is being used for non-neuropathic pain. Again, per the above cited MTUS guidelines, this is not a recommended use for Lidoderm. For these reasons, the Lidoderm Patch is not considered as a medically necessary treatment.