

Case Number:	CM15-0116027		
Date Assigned:	06/24/2015	Date of Injury:	05/18/1998
Decision Date:	08/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 65 year old female, who sustained an industrial injury on May 18, 1998. She reported bilateral shoulder pain, low back pain, pain in the hip and pain in the lower extremities. The injured worker was diagnosed as having cervical degenerative disc disease (probable), right trochanteric bursitis, degenerative disc disease with lumbar 4-5 bulge, right lumbar 5-sacral 1 radicular pain, right lumbar 5 numbness and pain, status post right rotator cuff repair and reactive depression improved on medication. Treatment to date has included diagnostic studies, right trochanteric bursa injection, right shoulder surgery, conservative care, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued right sided low back pain, radiating pain, numbness and tingling down the right lower extremity, right hip pain, disrupted sleep secondary to pain, bilateral shoulder pain and depression secondary to chronic pain. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 7, 2014, revealed continued pain as noted with associated symptoms. It was noted the depression was stable with medications. She rated her back pain was 8/10 and her shoulder pain at 6/10 with 10 being the worse. She reported being able to sit or walk for 30 minutes. A right trochanteric bursa injection was administered during the visit and she reported no pain over the trochanteric area at all following the procedure. She was prescribed lidocaine patches, pain medication, muscle relaxants, topical gel and anti-depressants. Evaluation on December 17, 2014, revealed continued pain however she noted a 75% improvement in right hip pain since the injection. She noted significant low back pain

bilaterally with radiating pain down the right lower extremity. Additionally, she reported bilateral neck pain. She rated her back pain at 6/10, shoulder pain between 4 and 6/10 and hip pain between 6 and 7/10 on a 1-10 scale with 10 being the worse. The physician discussed starting to wean her off of opioids and diazepam while supplementing with conservative therapies. Medications were renewed. Evaluation on February 25, 2015, revealed she was fearful of weaning from medications. She noted the only way she was able to perform activities of daily living was by taking her medications. She reported feeling she had reached maximum benefit with physical therapy and acupuncture. She reported in August of 2014 not being able to obtain medications and becoming unable to perform activities. Evaluation on April 22, 2015, revealed improved pain with the use of Norco. She previously complained of new abdominal pain with the use of pain medications and Protonix was added. She did not mention the effectiveness of the Lidoderm patch. Lidoderm DIS 5% # 30 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, Lidoderm patches have been prescribed for over a year with no objective evidence of any functional improvement. Medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.