

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0122703 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 08/17/2007 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 65 year old male who sustained an industrial injury on 8/17/07. Diagnoses are cervical degenerative disc disease, lumbar degenerative disc disease, depression, status post cervical laminectomy, status post lumbar laminectomy. In a progress report dated 6/2/15, the treating physician notes the injured worker continues to have increasing lower abdominal, right lower back and bilateral leg pain with any walking, sitting or standing. He takes his narcotic pain medication on an as needed basis. He is presently taking very little Hydromorphone. He uses proton pump inhibitors for his lower abdominal pain. He places Lidoderm patches on his back for pain relief. It is noted that the urine drug screen is consistent for opioids- unremarkable as he takes his Hydromorphone on an as needed basis. He has complaints of recent headaches. Physical exam notes tenderness to palpation over the superior trapezius and levator scapulae on movement, taut bands over the sacroiliac areas with tenderness, tenderness over the iliolumbar and superior trapezius and iliolumbar tenderness on flexion at the waist to knee on extension. The treatment plan is Hydromorphone 2mg one per day and Lidoderm 5% one per day. Previous treatment noted, includes Oxycodone and Lidoderm 5%. The treatment requested is Lidoderm Patch 5% for a quantity of 30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "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. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.