MAXIMUS Federal Services

Case Number:	CM15-0178379		
Date Assigned:	09/18/2015	Date of Injury:	05/01/2007
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
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 57 year old female, who sustained an industrial injury on 5-1-2007. The injured worker was diagnosed depressive disorder, chronic pain syndrome, shoulder region disorder of bursa, lateral epicondylitis, and acquired trigger finger. The request for authorization is for: Lidoderm 5% (700mg per patch) adhesive pad-apply 1 patch by transdermal route once daily (may wear up to 12 hours) Qty: 60 patch (es) Refills: 1. The UR dated 8-31-2015: non-certified Lidoderm 5% (700mg per patch) adhesive pad-apply 1 patch by transdermal route once daily (may wear up to 12 hours) Qty: 60 patch (es) Refills: 1. The records indicate she has failed multiple topical analgesics including Dendracin, bengay, Terocin and lidopro cream due to skin irritation and eye tearing. On 7-8-2015, she reported bilateral shoulder pain, bilateral hand pain, and bilateral elbow pain. She also reported numbness in both hands. On 8-24-2015, she reported pain to the bilateral shoulders (left worse than right), elbows, and hands. She indicated that "basic" activities of daily living aggravate her pain and pain is improved with the use of Lidoderm patches. Physical examination revealed no tenderness and a normal range of motion to the neck; tenderness to the bilateral shoulders, normal range of motion to the shoulder and elbow. Phalen testing was not completed due to her pain in the hands. Testing revealed a generalized weakness in the bilateral upper extremities. On 8-27-2015, she is noted to have a history of gastritis so the provider noted wanting to minimize oral medications. The provider noted Lidoderm patches to give "great benefit and significantly reduce her pain". The treatment and diagnostic testing to date has included: right thumb surgery x2, right shoulder surgery,

medications, magnetic resonance imaging of the left shoulder (3-16-2015), psychiatric evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 700mg/patch, quantity: 60 patches with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine 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. 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) 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. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient has upper extremity pain. There is no documentation of failure of first line neuropathic pain medications. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.