MAXIMUS Federal Services

Case Number:	CM15-0070797		
Date Assigned:	04/20/2015	Date of Injury:	05/08/2009
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: Internal 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 58-year-old female, who sustained an industrial injury on 5/8/09. The initial complaints are not noted. The injured worker was diagnosed as having cervical disorder with myelopathy; cervical disc displacement without myelopathy; cervical radiculopathy; rotator cuff sprains/strains; chondromalacia. Treatment to date has included physical therapy; Cervical Epidural Steroid Injection (4/30/14); medications. Currently, the PR-2 notes dated 12/19/14 indicate the injured worker complains of continued neck pain radiating into the upper extremities with pain, paresthesia, and numbness. Physical examination on this date shows spasms, tenderness and guarding of the paravertebral musculatures of the cervical spine with loss of range of motion. Decreased sensation noted bilaterally in the C5 dermatomes with pain. The injured worker has discontinued opioid medications with some benefit. Medications will be refilled as they are providing relief and improving functional status. The PR-2 notes dated 10/27/14 indicted the injured worker is still complaining of similar issues. The injured worker had cervical epidural injections C6-C7 on 4/30/14, but "apparently" they did not help and is entitled to all treatment to the neck. She has declined surgery but will remain open for future care. The provider has requested Retrospective request for LidAll Pain Relieving Patch - 5 patches/box (#20), provided on dates of service: 10/27/14 and 12/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for LidAll Pain Relieving Patch - 5 patches/box (#20), provided on date of service: 12/19/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/archives/fda/DrugInfo/cfm?archiveid=131490.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% Patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants 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, opiods 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The requested product LidAll contains Lidocaine and Menthol. Liodcaine is only FDA approved for topical use in the product Lidoderm 5% Patch. Medical necessity for the requested item was not established. The requested item was not medically necessary.

Retrospective request for LidAll Pain Relieving Patch - 5 patches/box (#15), provided on date of service: 10/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/archives/fda/DrugInfo/cfm?archiveid=131490.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% Patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants 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, opiods 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The requested product LidAll contains Lidocaine and Menthol. Liodcaine is only FDA approved for topical use in the product Lidoderm 5% Patch. Medical necessity for the requested item was not established. The requested item was not medically necessary.