

Case Number:	CM15-0073592		
Date Assigned:	04/23/2015	Date of Injury:	10/23/2010
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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: 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:

This 62-year-old female sustained an industrial injury to the low back and neck on 10/23/10. Previous treatment included magnetic resonance imaging, lumbar decompression, cervical radiofrequency ablation, transcutaneous electrical nerve stimulator unit, aqua therapy and medications. In a visit note dated 3/2/15, the injured worker complained of ongoing bilateral shoulder pain with occasional upper extremity numbness, low back pain with spasms and neck pain with radiation into the bilateral cervical brachial regions. The injured worker rated her pain 6/10 on the visual analog scale with medications and 10/10 without. The injured worker had undergone a vocational assessment with recommendation for ergonomically appropriate equipment if she were to return to work. Current diagnoses included neck pain, therapeutic drug monitor, chronic pain, long-term use of medications, cervical spine spondylosis, lumbar spine post laminectomy syndrome, sciatica and disorders of the sacrum. The treatment plan included lumbar epidural steroid injection prior to bilateral cervical spine radiofrequency ablation, six sessions of aqua therapy and medications (Norco, Ambien, Flexeril, Famotidine and Lidoderm patch).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch) apply 1 patch every 12 hrs #30: Upheld

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

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

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 antidepressants 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. 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.

Famotidine 40mg tab 2 tabs/day #60 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, pepcid.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication. Per the physician desk reference, the requested medication is a H2 blocker indicated in the treatment of dyspepsia, reflux disease and peptic ulcer disease. The patient does not have any of these primary diagnoses and therefore the medication is not medically necessary.