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Notice of Independent Review Decision

DATE OF REVIEW: May 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lidoderm 5% patch, #30.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D., Board Certified in Physical Medicine and Rehabilitation with Sub-specialty Certification in Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

I have determined that the requested Lidoderm 5% patch, #30 is not medically necessary for the treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who presented to her provider on xxxx. She reported pain rated at 7/10, and the records noted pain to the right foot. Per the medical records, she had tingling to the bottom of her foot as well. On examination, her foot pain remained unchanged, and she was status post ankle fracture. On xxxxx, the records noted that the patient had continued taking Lyrica 50mg twice a day, as well as amitriptyline at night. On 5/07/14, the patient returned to clinic with pain rated at 7/10. It was noted her Lidoderm patch had been denied and Lidoderm made a large difference with her pain control. The patient reported that she was cutting

Lidoderm patches into three different pieces, placing one on the dorsum of her foot, and a piece on either side of her ankle. She noted that this allowed her to minimize her hydrocodone usage. The patient was taking Lyrica as scheduled as well as amitriptyline. She had a normal gait and had slightly restricted range of motion to the ankle. A request has been submitted for Lidoderm 5% patch, #30.

The URA indicated that the requested Lidoderm 5% patch, #30 is not medically necessary. Specifically, the initial denial indicated that recent documentation revealing continued pain relief and/or continued improvement is not available. On appeal, the URA noted that although the provider has submitted a letter indicating the effective pain relief of the patches, there was no clinical documentation to show continued pain relief and/or continued improvement.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The submitted documentation fails to demonstrate the medical necessity of the requested Lidoderm patches. Per Official Disability Guidelines (ODG), a trial of Lidoderm patches is recommended if there is evidence of localized pain that is consistent with a neuropathic etiology. There also should be evidence of a trial of first-line neuropathic medications such as a tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants or an antiepileptic drug (AED) such as gabapentin or Lyrica. The medication is not recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Per ODG, continued outcomes should be intermittently measured and if improvement does not continue, Lidoderm patches should be discontinued. For this patient, it is noted that she had been on Lyrica and amitriptyline, as well as Lidoderm patch. The submitted medical records do not indicate that this patient had decreased pain response and decreased use of medications after a trial of Lidoderm patch. Per ODG, Lidoderm 5% patch, #30 is not medically indicated for this patient.

Therefore, I have determined the requested Lidoderm 5% patch, #30 is not medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**