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Date notice sent to all parties:

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lidoderm Patches 5%, #90 supply for 90 days.

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

Board Certified Anesthesiologist; Board Certified Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her left foot. The clinical note dated XX/XX/XX indicates the patient complaining of a constant burning sensation throughout the left foot. Radiating pain was identified into the left lower extremity, specifically to the calf and foreleg. The patient described moderate levels of pain. There is an indication the patient had pain relief with the use of Lidoderm patches at that time. The patient reported difficulty maintaining her sleep hygiene and frequently wakes not feeling rested. The patient was continued to be prescribed the use of Lidoderm patches at that time. The clinical note dated XX/XX/XX indicates the patient utilizing a dorsal column stimulator as well as restarting the use of Lidoderm patches. After a reprogramming of the stimulator, the patient reported significant improvement with ongoing coverage. The patient indicated the combination of Lidoderm patches and the reprogramming was helpful in assisting with her pain reduction at the left foot. The patient continued to be prescribed the use of Lidoderm. The patient also was prescribed the use of Norco for pain relief as

well. The clinical note dated XX/XX/XX indicates the patient continuing with intermittent exacerbations of her pain level. The patient described a dull and aching sensation. Upon exam, normal range of motion was identified in all the affected areas. No significant functional deficits were associated with the left foot. There is an indication the patient had undergone a lumbar epidural steroid injection at the L3-4, L4-5, and L5-S1 levels. The clinical note dated XX/XX/XX indicates the patient utilizing an AFO brace as well as a spinal cord stimulator.

The utilization review dated XX/XX/XX resulted in a denial for the continued use of Lidoderm patches as insufficient information had been submitted regarding the patient's positive response to the use of this medication.

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

The documentation indicates the patient complaining of ongoing left foot pain with radiation of pain to the left lower extremity. There is an indication the patient has been utilizing Lidoderm patches for a prolonged period of time. Minimal information was submitted regarding an objective functional improvement associated with the use of Lidoderm patches. Furthermore, no information was submitted regarding the patient's reduction in pain manifested by a lower VAS score with the use of this medication. The continued use of this medication is indicated for patients who demonstrate an objective functional improvement along with a reduction in pain and the use of pain medications. Given the lack of objective data confirming the positive response to the use of this medication, the continued use is not indicated. As such, it is the opinion of this reviewer that the request for Lidoderm patches 5%, a number of 90 for a 90 day supply is not indicated as medically necessary.

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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Lidoderm® (lidocaine patch)

Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm® is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized neuropathic 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. [Lidoderm ranked #2 in amount billed for WC in 2011. (Coventry, 2012)]

Criteria for use of Lidoderm patches:

- (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.
- (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).
- (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.
- (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.
- (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).
- (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).
- (g) It is generally recommended that no other medication changes be made during the trial period.
- (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.
- (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.