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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** February 11, 2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lidoderm patch 5%, #30 (3) refills and piroxicam 20 mg #100 (3) refills.

**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.

**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 patch 5%, #30 (3) refills is not medically necessary for the treatment of the patient's medical condition. Additionally, the requested piroxicam 20 mg #100 (3) refills is not medically necessary for the treatment of the patient's medical condition.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male with a noted history of back injury which resulted in lumbar disc disease status post internal hardware placement. A clinical note dated XX/XX/XX indicated the patient was being seen for chronic pain and was currently on piroxicam and lidocaine patches for pain relief. The patient denied any new issues or concerns since the last office visit. On physical examination, he was noted to have a shuffling gait. The patient was not able to stand up on his toes bilaterally. A prescription was provided for lidocaine 5% patch and piroxicam 20 mg. A

requested has been submitted for Lidoderm patch 5%, #30 (3) refills and piroxicam 20 mg #100 (3) refills.

The URA denied coverage for the requested medications. Specifically, the initial denial noted that the Official Disability Guidelines (ODG) do not support the use of Lidoderm patches or piroxicam based on the medical records. The URA noted that Lidoderm patches are recommended for localized pain consistent with neuropathic etiology after evidence that a neuropathy medication has failed. The URA indicated that there is no documentation of either localized symptoms or pain or use of a neuropathy medication in the past. Additionally, the progress notes submitted documented no improvement in pain attributed to the Lidoderm patches. Regarding piroxicam, the URA noted that this medication is not recommended as a first-line nonsteroidal anti-inflammatory drug (NSAID), as it has the highest risk of gastrointestinal bleeding, the highest risk of myocardial infarction and is associated with Stevens-Johnson syndrome and toxic epidermal necrolysis. The URA noted that there is no documentation that other first-line NSAIDs have been tried. On appeal, the URA noted that there is not objective information regarding functional improvement or reduction in pain with the use of Lidoderm patch or piroxicam.

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

In regard to the request for Lidoderm patch, the ODG state that topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy such as tricyclic or serotonin-norepinephrine (SNRI) antidepressants or antiepileptic (AED) such as gabapentin or Lyrica. In addition, ODG state that outcomes should be reported at the end of the trial to include improvements in pain and function, and decreased use of other medications. Furthermore, the guidelines also state that Lidoderm patches should only be recommended for a short period; no more than four weeks. The documentation provided indicated the patient had previously been provided this topical medication. However, there is no documentation in regard to improvements in pain and function or evidence that a decrease in the use of other medications was achieved with the use of this topical agent. In addition, there is no evidence that the patient had attempted first-line treatment such as tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica and there is no evidence within the documentation that the patient has pain that is consistent with a neuropathic etiology. It also remains unclear how long this patient has been taking this medication, as topical lidocaine is only recommended for no more than four weeks and the request as provided would exceed this recommendation. As such, the request for Lidoderm patch 5% is not supported. In regard to the request for piroxicam, ODG state that piroxicam is not currently recommended as there is a high risk of upper gastrointestinal bleeding, myocardial infarction, Stevens-Johnson syndrome, and toxic epidermal necrolysis. As the use of piroxicam is not recommended by ODG, the request for piroxicam is not supported. Therefore, the request for Lidoderm patch 5%, #30 (3) refills is not medically necessary in this patient's case. Additionally, piroxicam 20 mg #100 (3) refills is not medically necessary for the treatment of this patient.

Therefore, I have determined that the requested Lidoderm patch 5%, #30 (3) refills is not medically necessary for the treatment of the patient's medical condition. Additionally, the

requested piroxicam 20 mg #100 (3) refills is not medically necessary for the 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)