



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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DATE OF REVIEW: 2/12/2018

IRO CASE # XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lidocaine Patches 5% # 60 patches with 4 refills.

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

M.D. Board Certified in Psychiatry and Addiction Psychiatry.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a XX-year-old XX who was injured at work on XXXX when XX sustained XXXX on XX left thigh. XX underwent surgical debridement, excision, skin graft, physical therapy. On XXXX, XX was hospitalized due to severe pain following laser scar treatment and injections of fat. XX received localized treatment as well as lidocaine drip and opiates. In the wake of this injury and its sequelae, XX developed Post Traumatic Stress Disorder being effectively treated by XXXX with cognitive behavioral therapy and Zoloft, up to 250mg per day, Lyrica 150mg bid, Quetiapine 50mg qhs, Doxepin cream, and the disputed Lidocaine patches. Although residual symptoms remain, XX has made notable progress; XX returned to work last year.

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

Per ODG references, the requested “Lidocaine Patches 5% # 60 patches with 4 refills” is medically necessary. The insurer denied the medical necessity of the patches, citing the ODG guidelines’ definition of neuropathic pain - which this patient’s pain condition surely qualifies as such - raising some doubts RE the diagnosis and treatment: “there is inadequate longitudinal information to enable the specifics of this case to be understood.” That said, by now, there is sufficient longitudinal information. Also cited by the insurer is first line treatment with (SNRI) antidepressants and/or anti-epileptic drugs. In this case the patient is on Zoloft (though an SSRI, it is indicated for P.T.S.D.), and Lyrica. Clearly the patient is receiving multi modal adjunctive therapies, all of which are medically necessary, including the disputed lidocaine patches.



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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 KNOWLEDGE BASE
- 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
- 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