

09-J0000-65

Original Effective Date: 09/15/04

Reviewed: 05/08/13

Revised: 10/01/24

Subject: Intravenous Lidocaine for the Management of Chronic Pain

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DESCRIPTION:

Intravenous (IV) lidocaine infusion can be used for the treatment of chronic pain from fibromyalgia and neuropathic pain disorders including phantom limb pain, post-herpetic neuralgia, complex regional pain syndromes, diabetic neuropathy, and pain related to stroke or spinal cord injuries. Chronic pain may consist of thermal or mechanical [allodynia, dysesthesia, and/or hyperalgesia](#) that continue for a period of time, such as over 6 months, or longer than clinically expected after an illness or injury.

IV lidocaine infusions are given in the inpatient or outpatient setting and may be part of a pain management program. Adverse effects are common and can be mild to moderate and include general fatigue, somnolence, dizziness, headache, periorbital and extremity numbness and tingling, nausea, vomiting, tremors, and changes in blood pressure and pulse. Severe adverse effects include arrhythmias, seizures, and loss of consciousness, confusion or even death.

IV lidocaine should only be given to individuals with normal conduction on electrocardiography and normal serum electrolyte concentrations to minimize the risk of cardiac arrhythmias. During infusion, individuals should be kept under close observation for adverse effects and have continuous electrocardiographic monitoring and measurements of pulse and blood pressure. IV lidocaine may be preceded by a lidocaine bolus to achieve desired blood levels sooner.

POSITION STATEMENT:

Intravenous lidocaine for the management of chronic pain is considered **experimental or investigational**, as there is insufficient clinical evidence to support the use of intravenous lidocaine for the management of chronic pain. The available evidence in peer-reviewed publications on the use of IV

lidocaine for chronic pain is lacking. Further studies are needed to determine appropriate patient selection criteria, predictive values, effective dosage ranges, frequencies, and duration of treatment.

BILLING/CODING INFORMATION:

HCPCS Coding:

J2002	Injection, lidocaine hcl in 5% dextrose, 1 mg
J2003	Injection, lidocaine hydrochloride, 1 mg

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: The following Local Coverage Determination (LCD) was reviewed on the last guideline revised date: External infusion pumps, (L11555) located at fcso.com.

Medicare Part D: Florida Blue has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

DEFINITIONS:

Allodynia: pain occurring from a stimulus that normally does not elicit a painful response (e.g., light touch, warmth).

Dysesthesia: a constant or ongoing unpleasant or electrical sensation of pain.

Hyperalgesia: an exaggerated response to normally painful stimuli.

RELATED GUIDELINES:

None applicable.

OTHER:

IV lidocaine is approved by the U.S. Food and Drug Administration (FDA) for the treatment of arrhythmias and locally as an anesthetic. IV lidocaine for the treatment of chronic pain is an off-label usage.

The American Academy of Neurology guideline for the treatment of migraine headaches indicates: "Recommendations: Evidence is insufficient to support the role for lidocaine IV in the management of acute migraine."

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 05/08/13.

GUIDELINE UPDATE INFORMATION:

09/15/04	New Medical Coverage Guideline. Investigational.
09/15/05	Scheduled review and revision; consisting of updated references.
07/01/06	Updated MCG number from 02-61000-34 to 09-J0000-65.

09/15/06	Scheduled review and revision consisting of updated references.
07/15/07	Annual review, investigational status maintained, reformatted guideline, references updated.
08/15/07	Review and revision; consisting of reformatting guideline, maintaining current coverage and limitations, and updated references.
09/15/08	Reviewed guideline with no changes made. Updated references.
01/01/09	Annual HCPCS coding update: deleted 90765, 90766, and 90774; added 96365, 96366 and 96374.
09/15/09	Review and revision; consisting of updating references.
03/15/10	Review and revision; consisting of updating references.
03/15/11	Review and revision; consisting of updating references.
03/15/12	Review and revision to guideline; consisting of updating references.
06/15/13	Review and revision to guideline; consisting of updating program exceptions. No longer review.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/24	Revision: Added HCPCS codes J2002 and 2003 and deleted code J2001.