

<b>Case Number:</b>	CM13-0066210		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Inteventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 38-year-old female with date a date of injury of 07/18/2013. The listed diagnoses by the provider dated 11/21/2013 are: right shoulder rotator cuff injury, associated post-traumatic cervical sprain/strain injury, and mild right thoracic outlet syndrome findings. The report shows the patient is currently complaining of persistent right shoulder pain. She has consulted with [REDACTED] and is recommended for right shoulder surgery. Her pain is still severe. Findings show her mood is depressed. There is tenderness on the right shoulder. The Final Determination Letter for IMR Case Number CM13-0066210 3 shoulder range of motion is improved with abduction and forward flexion. There is difficulty with Apley scratch maneuver. Her current list of medications include: Tramadol, Lidoderm, Naproxen, and Vicodin. The utilization review denied the request on 11/12/2013. The provider is requesting a refill for Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MEDS X1 LIDODERM PATCH QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Lidoderm® (lidocaine patch), Page(s): 8,56-57,112.

**Decision rationale:** This patient presents with right shoulder pain. The provider is requesting a refill for Lidoderm patches. The MTUS Guidelines states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRIs), anti-depressants or an anti-epileptic drugs (AEDs) such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia." This localized peripheral pain refers to neuropathic pain. This patient does not present with "localized peripheral pain" that is neuropathic. Furthermore, the patient has been using Lidoderm since 10/18/2013. The MTUS guidelines require satisfactory response to treatment including increased level of function or improved quality of life. In this case, none of the reports document functional improvement or medication efficacy as it relates to the use of Lidoderm patches. The recommendation is for denial.