

<b>Case Number:</b>	CM13-0071623		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 sustained injury on 2/22/2010. The diagnoses are bilateral shoulders degenerative joint disease, elbow pain and Complex Regional Pain Syndrome (CRPS) of the upper extremities. The patient had completed physical therapy, the use of TENS unit and shoulder injections without significant pain relief. [REDACTED] noted that the pain score was 4-5/10 with medications but 8-9/10 without medications. There are associated allodynia, insomnia and changes in temperature sensation of the affected limbs. On 9/5/2013 the UDS was positive for Hydrocodone, Meprobamate and Oxazepam. A utilization review determination was rendered on 12/10/2013 recommending non certification for Lidoderm patch #30 one every 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM PATCH #30, ONE EVERY TWELVE HOURS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm and Topical Analgesics Page(s): 56-57, 112.

**Decision rationale:** The California MTUS addressed the use of topical Lidocaine in the form of Lidoderm for the treatment of localized neuropathic pain. Lidoderm is indicated as a second line

medication for patients who have failed treatment with or cannot tolerate first line medications such as anticonvulsants and antidepressants. The duration of treatment should be limited to less than 6 weeks due to decreased efficacy with prolonged treatment. Lidoderm is not effective in the treatment of musculoskeletal or myofascial pain. The records indicate that the pain is not localized. There are bilateral shoulder pain and elbow pain in addition to the CRPS. There is no documentation that the patient have failed treatment with anticonvulsant or antidepressant medications. The criteria for the use of Lidoderm patch #30 every 12 hours was not met.