

<b>Case Number:</b>	CM14-0108719		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representations; unspecified amounts of physical therapy; earlier left shoulder surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 25, 2014, the claims administrator denied a request for Lidoderm patches. The claims administrator suggested that the applicant was concurrently using Ultracet, Lodine, Lyrica, and Zanaflex. The applicant's attorney subsequently appealed. In a July 22, 2014 progress note, the applicant was described as working modified duty as a truck driver. The applicant was using Ultracet, Lodine, Lyrica, Zanaflex, and Lidoderm patches, it was stated. The attending provider posited that ongoing medication usage was helpful here. In an earlier note dated June 24, 2014, it was again stated that the applicant was using Ultracet, Lodine, Lyrica, Zanaflex, and Lidoderm for ongoing complaints of left shoulder pain, low back pain, and right thigh pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patches with 6 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine/Lidoderm patches are indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.