

<b>Case Number:</b>	CM14-0011700		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Internal 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 patient is an injured worker with left shoulder and elbow conditions. The date of injury was 08-23-2012. The PR-2 progress note dated 12-12-2013 reported subjective complaints of left shoulder pain and left elbow pain. Medical history included hypertension, anxiety, back surgery (2006), and wrist surgery (2011). Medications included cyclobenzaprine, amitriptyline, naproxen, vicodin, paroxetine, trazodone, and lidoderm. The physical examination documented spasms in the left shoulder region musculature. The left shoulder abduction and forward flexion is 130 degrees. Diagnoses included rotator cuff sprain/strain, elbow sprain/strain, cervical sprain/strain, left shoulder adhesive capsulitis, and a rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: LIDODERM FILM 5% #30 (DOS 12/12/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Lidoderm Page(s): 111.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Lidoderm is the brand name for a lidocaine patch. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, the medical records submitted for review do not document a diagnosis of post-herpetic neuralgia. The medical records also do not document neuropathic pain. Therefore, the LIDODERM FILM #30 is not medically necessary.