

<b>Case Number:</b>	CM14-0113742		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Family 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:

This is a 37-year-old female with a 6/12/11 date of injury, when she injured her right wrist, left elbow and left shoulder while lifting and carrying a patient. The patient was seen on 2/18/14 with complaints of 8/10 pain in the left shoulder. The physical examination of the left shoulder revealed: flexion 128 degrees, extension 35 degrees, abduction 132 degrees, adduction 25 degrees and positive Apley's sign and positive Adson's sign. The patient was taking Norco, Neurontin, Lidoderm patch, Ativan and Cymbalta. The patient was seen on 4/22/14 for an orthopedic evaluation. Exam findings revealed minimal color changes in the patient's hands, decreased swelling prior to the last visit and improved to 40% of normal range of motion. The patient was attending physical therapy. The patient was seen on 6/27/14 with complaints of pain in the right shoulder. The physical examination revealed swelling, discoloration and hypersensitivity in the distal right upper extremity and tenderness to palpation in the left shoulder. The patient was taking Norco, Ultram ER, Ativan and Lidoderm patch. The diagnosis is left shoulder periscapular strain; right forearm, wrist and hand complex regional pain syndrome; reflex sympathetic dystrophy of the upper limb. Treatment to date includes physical therapy, work restrictions, medications and stellate ganglion blocks. An adverse determination was received on 7/18/14. The request for Lidoderm patch 5% #30 was denied because the documentation did not describe well-demarcated neuropathic pain that had failed available oral agents such as antidepressants, antiepileptics or non-steroidal anti-inflammatory class. The request for Ativan 2mg #30 was denied because the benzodiazepines were not supported for a long term use due to unproven efficacy and risk dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm

**Decision rationale:** The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). The Official Disability Guidelines states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The progress notes stated that the patient was using Lidoderm patch at least from on 2/18/14. However, there is a lack of documentation indicating subjective and objective functional gains with the treatment. In addition, it is not clear if the patient tried and failed first-line oral therapy for localized peripheral pain. There is no rationale with regards to the treatment with Lidoderm patch. Therefore, the request for Lidoderm patch 5%, quantity 30 is not medically necessary.

**Ativan 2mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The progress notes indicated that the patient was taking Ativan at least from on 2/18/14. However, there is a lack of documentation indicating subjective and objective gains from the treatment. There is no rationale with regards to Ativan. In addition, the guidelines do not recommend long-term treatment with benzodiazepines. Therefore, the request for Ativan 2mg, quantity 30 is not medically necessary.