

<b>Case Number:</b>	CM14-0153793		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for right shoulder CRPS associated with an industrial injury date of 06/20/2011. Medical records from 09/04/2014 to 09/19/2014 were reviewed and showed that patient complained of right shoulder pain graded 5/10 radiating to the right upper arm. Physical examination revealed tenderness over right shoulder, decreased ROM, positive hyperalgesia, hypesthesia, and allodynia, weakness of biceps and deltoid, and positive impingement signs. Treatment to date has included Lidoderm patches (prescribed 05/14/2014), Naprosyn, Nortriptyline, and trazodone. Utilization review dated 09/04/2014 modified the request for Lidocaine patch 5% #30 with 2 refills to Lidocaine patch 5% #30 with no refills because response has to be documented prior to continuation of patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch 5% #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Lidocaine Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

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

**Decision rationale:** As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient was prescribed Lidoderm patch since 05/15/2014. The patient's clinical manifestations were consistent with symptoms of neuropathy. Moreover, there was documentation of trazodone and nortriptyline that are both first-line therapy for peripheral pain. Adjuvant therapy with lidocaine patch has been established. Therefore, the request for Lidocaine patch 5% #30 with 2 refills is medically necessary.