

<b>Case Number:</b>	CM14-0167615		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 56 year old male patient who sustained a work related injury on 5/16/2013. The current diagnoses include cervical stenosis, with cord edema, C4-5 and C5-6, left shoulder impingement syndrome, rotator cuff tendinopathy, status post left shoulder distal clavicle resection, prior injury and discogenic low back pain with 4mm disc protrusion at L4-5. He sustained the injury while carrying mop bucket up stairs and fell down stairs. According to the doctor's note dated 8/12/2014, patient had complaints of persistent left shoulder pain and stiffness, low back pain and stiffness. The physical examination revealed lumbar spine- walks with the use of a cane, tenderness in the lower lumbar paravertebral muscles, range of motion- flexion 45 degrees, extension 10degrees, and lateral bending 30 degrees; left shoulder- range of motion- forward flexion 130, abduction 80 and external rotation 80 degrees, pain and weakness when testing the supraspinatus tendon against resistance and pain with cross body maneuvers. He was prescribed topical flector patches and Lidoderm patches. He has had an MRI of the lumbar spine dated 10/07/2013 which revealed possible annular tears at the posterior aspects of L4-LS and LS-S1, 4 mm broad-based posterior bulge at L4-L5 likely causing mild effacement of the thecal sac, 2mm posterior bulges at L1-L2, L3-L4, and LS-S1causing mild effacement of the thecal sac, no significant spinal stenosis; facet arthropathy from L2-S1and mild bilateral neural foraminal narrowing at L5-S1. He has undergone left shoulder distal clavicle resection. He has had physical therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch) Page(s): 111-113 and 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Trial and response of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm patches #30 with 2 refills is not fully established for this patient.