

<b>Case Number:</b>	CM14-0027727		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 62 year old male who sustained an injury on 08/23/10. No specific mechanism of injury was noted. The injured worker had been followed for ongoing complaints of left sided shoulder pain following a left shoulder arthroscopy with subacromial decompression, distal clavicle resection, and rotator cuff repair performed in May of 2011. The injured worker has been managed with ongoing medications to include Lyrica 50mg 3 times daily, Trazadone 50mg, Prilosec 20mg, Lidoderm 5% patch, and Ibuprofen 600mg. The injured worker was noted to have side effects from the use of oral anti-inflammatories that was controlled with Prilosec. The injured worker reported benefits obtained with the use of Lidoderm patches. The injured worker's physical examination on 11/25/13 noted tenderness to palpation with tightness in the musculature of the paravertebral muscles at the cervical spine. There was tenderness over the left shoulder acromioclavicular joint as well as the glenohumeral joint and the coracoid process. No sensory or motor deficits were identified. Follow up on 03/17/14 noted persistent left shoulder pain that was improved from 9 to 4/10 on the VAS with medications. The injured worker's medications were limited to anti-inflammatories including Celebrex as well as Lidoderm patches 5% only. Physical examination again noted limited range of motion in the left shoulder as well as the cervical spine with tenderness to palpation. There were negative impingement signs for the left shoulder with intact weakness. No neurological deficits were identified. The injured worker was recommended to continue with Lidoderm patches for left shoulder pain due to side effects from oral medications. The requested Lidoderm patch 5%, quantity 30 with 1 refill was denied by utilization review on 02/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% 700MG/PATCH, #30 (1 REFILL): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

**Decision rationale:** In regards to the request for Lidoderm 5% patch, quantity 30 with 1 refill, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Lidoderm patches are indicated as an option for the treatment of neuropathic pain that fails other conservative management to include the use of antidepressants or anticonvulsant medications. It is noted that the injured worker previously utilized Lyrica in 2013. There was no indication of substantial side effects or lack of improvement with this medication. The injured worker is noted to have utilized other oral medications for ongoing musculoskeletal pain to include anti-inflammatories such as Ibuprofen, Celebrex, and Naprosyn. The injured worker did report side effects from the use of these anti-inflammatories; however, these were controlled with the use of a proton pump inhibitor. The clinical documentation submitted for review did not identify any clear objective findings regarding neurological deficit supporting a persistent neuropathic condition that would require the use of a Lidoderm patch. In this case, Lidoderm patches are being utilized off label to address musculoskeletal pain. This would be outside of the indications/guidelines for this medication and not recommended as medically necessary.