

<b>Case Number:</b>	CM14-0037312		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/03/2002
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 3, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical agent; psychotropic medications; transfer of care to and from various providers in various specialties; attorney representation; earlier shoulder surgery; and opioid therapy. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a request for topical Lidoderm patches while approving a request for fluoxetine. The applicant's attorney subsequently appealed. In a progress note dated May 19, 2014, the applicant did present with persistent complaints of shoulder and low back pain status post earlier shoulder surgery. The applicant was using Prozac for depression, it was stated. A variety of medications, including Vicodin, Flexeril, Ambien, and AcipHex were renewed. The applicant was placed off of work, on total temporary disability. It appears that Lidoderm patches were appealed and/or requested via a progress note dated May 28, 2014. The applicant was again described as not working at this point in time. Ambien, Flexeril, Lidoderm, Vicodin, and Prozac were all renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Lidocaine patch 5% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical: Lidocaine Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there has been no evidence that the applicant has tried and/or failed first-line therapy with antidepressants and/or anticonvulsants. Therefore, the requests for Lidoderm patches are not medically necessary.