

<b>Case Number:</b>	CM14-0037545		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Addiction Medicine and is licensed to practice in Georgia. 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 claimant is a 49 year old female presenting with left shoulder pain following a work related injury on 8/12/2011. On 03/03/2014 the claimant complained of constant neck to the pain, limited range of motion in the neck and she is unable to rotate her neck both ways. The pain is in bilateral shoulders and aggravated by heavy lifting and physical activity. The left shoulder is very painful in the shoulder blade and radiates down to her arm which makes her thumb and first digit very numb. The physical exam revealed tenderness to palpation over the superior and anterior aspect, positive Neer test, positive Hawkins test. The claimant was diagnosed with Cephalagia, Cervical Chronic Strain with myofasciitis, Left shoulder Manipulation under Anesthesia, Left Shoulder Frozen, Right shoulder pain and bursitis, overcompensating Pain, left humerus, history of proximal by report requiring immobilization, possible sleep disorder and neurological problems. The provider recommended Lidoderm Patches 5% # 30, and Tylenol #3 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATIONS: LIDODERM PATCHES 5% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm (lidocaine patch), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to California MTUS, 2009, chronic pain, page 111, California MTUS guidelines do not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, CA MTUS page 111 states that topical analgesics such as lidocaine are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore the requested medication is not medically necessary.