

<b>Case Number:</b>	CM14-0039568		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/07/2004
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 63-year-old male who was reportedly injured on June 7, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated decreased left shoulder range of motion with 90 of forward flexion, and 90 of abduction. There was tenderness over the anterior aspect of the humeral head. Muscle strength was 5/5 and there was a positive impingement sign. A left shoulder subacromial steroid injection was given. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and a cortisone injection. A request had been made for Lidoderm patches and was not certified in the pre-authorization process on March 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds x 1 Lidoderm Patches - Apply to affected area 1 box:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 OF 127.

**Decision rationale:** The MTUS Chronic Pain Guidelines supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee does not have a complaint or diagnosis of neuropathic pain. As such, this request for Lidoderm patches is not medically necessary.