

<b>Case Number:</b>	CM14-0040620		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Illinois. 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 65-year-old female who reported an injury on 01/28/2010. The mechanism of injury was noted to be lifting a heavy person. Prior treatments included physical therapy. The injured worker was noted to have diagnoses of chronic neck pain, degenerative cervical spondylosis, myofascial pain syndrome, right shoulder pain and osteoarthritis. In a clinical evaluation dated 05/06/2013, it is noted that the injured worker had right paracervical and trapezial tenderness and guarding. She had right anterior and superior shoulder tenderness to palpation. She had right elbow medial tenderness as well as right extensor and flexor forearm tenderness and circumferential right wrist tenderness to palpation. The objective findings were right-sided neck and right shoulder girdle pain and positive right wrist carpal compression and tenderness of the right anterior superior shoulder. The plan for medical treatment was due to the combination of the injured worker's subjective complaints and physical findings. The provider's rationale for the prospective use of Lidoderm patches is not provided. The Request for Authorization for medical treatment is dated 04/23/2014 and provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective usage of Lidoderm patches # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, and Topical NSAID's.

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

**Decision rationale:** The request for prospective usage of Lidoderm patches #60 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Lidoderm patches for peripheral pain after there has been evidence of a trial of first-line therapy such as Gabapentin or Lyrica. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and antipruritics. The clinical documentation does not provide use of a trial or first line therapy such as Gabapentin or Lyrica, nor does it indicate post-herpetic neuralgia. The pain assessment is inadequate. The request fails to provide a frequency and location of application for the patches. Therefore, the request for Lidoderm patches #60 is not medically necessary and appropriate.