

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0041969 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 01/27/1995 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 03/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/06/2014 |

### 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 records, presented for review, indicate that this 60-year-old male was reportedly injured on 1/27/1995. The mechanism of injury was noted as a slip and fall. The most recent progress notes, dated 3/4/2014 and 4/1/2014, indicate that there were ongoing complaints of shoulder pain, hip pain and headaches. Physical examination demonstrated no tenderness of the shoulders or trochanteric area and bilateral shoulder range of motion: Abduction 100 extension 30 and flexion 100. No diagnostic imaging studies available for review. Previous treatment included baclofen, trazodone, Lunesta and Voltaren gel. A request was made for Lidoderm Patches 1-3 per day and was not certified in the utilization review on 3/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 1-3 per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56-57, 112 OF 127.

**Decision rationale:** MTUS supports the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epilepsy

medications. Review of the available medical records failed to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.