

<b>Case Number:</b>	CM14-0049668		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/17/2000
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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 claimant is a female with a 10/17/00 date of injury. There is documentation of subjective findings of neck pain radiating to bilateral shoulders. Objective findings of walks with a slow antalgic gait with the use of a cane, very minimal range of motion of the cervical spine in all directions. Current diagnoses are bilateral rotator cuff tendinitis, chronic pain syndrome, cervical disc disease with myofascial pain, history of left C5-C6 radiculopathy by EMG, chronic gastritis, obesity, and GERD. Treatment to date includes medication including Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5% Lidoderm- 30 patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical anesgesics.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical

information available for review, there is documentation of diagnoses of bilateral rotator cuff tendinitis, chronic pain syndrome, cervical disc disease with myofascial pain, history of left C5-C6 radiculopathy by EMG, chronic gastritis, obesity, and GERD. In addition, there is documentation of neuropathic pain. However, given ongoing treatment with Gabapentin, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for 5% Lidoderm - 30 patches is not medically necessary and appropriate.