

<b>Case Number:</b>	CM14-0051684		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 32 years old male who was injured on 12/4/2012. The diagnoses are left shoulder impingement syndrome and shoulder pain. The past surgery history is significant for left shoulder surgery in 2013. The patient completed several series of PT. On 3/13/2014, [REDACTED] noted that the patient was responding to PT and Lidoderm patch treatments. On 5/28/2014, [REDACTED] performed an agreed medical examination. He noted that the patient was utilizing hydrocodone, naproxen and Lidoderm for pain and Ambien for sleep. There was no tenderness to palpation or limitation to range of motion to the right or left shoulder. The impingement sign was negative bilaterally. The Apprehension test was negative bilaterally. A Utilization Review determination was rendered on 3/25/2014 recommending non certification for Lidoderm 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic preparation can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not show that the patient failed treatment with first line medications. The records did not show subjective or objective findings consistent with neuropathic pain. There was no documentation of significant abnormal findings of the left shoulder. The guidelines recommend that anticonvulsant or antidepressant medications can be beneficial for chronic musculoskeletal pain when there are psychosomatic symptoms or insomnia. The criteria for the use of Lidoderm 5% #30 did not meet. The request is not medically necessary.