

<b>Case Number:</b>	CM14-0062648		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/28/1998
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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:

This patient sustained an injury on 9/28/1998 while employed by [REDACTED]. Request under consideration include Lidoderm Patches 5% Quantity 30. Report of 2/24/14 from the provider noted the patient continues to treat for ongoing chronic pain symptoms with neck pain rated at 7/10; right shoulder pain rated 8/10; left shoulder pain rated at 7/10 with associated tingling and weakness in the right upper extremity. Exam showed tenderness over paracervical muscles; limited cervical range in all directions; shoulder with tenderness over rotator cuff bilaterally with limited range in all planes; shoulder abductors/flexors of 4/5 motor strength otherwise was 5/5 in left upper extremity and 3/5 on right shoulder abduction/flexion with 5/5 in rest of muscle groups. Diagnoses included bilateral shoulder impingement, possible right shoulder RTC (Rotator Cuff) tear; status post right shoulder arthroscopic biceps repair 11/11/98; s/p right shoulder clean out in 2002; status post TOS (Thoracic outlet syndrome) surgery 8/17/13; and cervical sprain/strain. Medications list Lidoderm patches, NSAID, Soma, Ambien, and Percocet. Request for Lidoderm Patches 5% Quantity 30 was non-certified on 4/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% Quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Topical Analgesics Lidocain indications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751.

**Decision rationale:** According to medical records reviewed, chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Therefore, the request of Lidoderm Patches 5% Quantity 30 is not medically necessary and appropriate.