

<b>Case Number:</b>	CM14-0069992		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/31/2002
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Family Medicine 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:

Patient had a date of injury on 7/31/2002. mechanism of injury is not provided in the medical records. Diagnosis includes: sprain/strain shoulder and upper arm, aseptic necrosis of bone site, lumbar sprain/strain, and osteoarthritis of the shoulder region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily Lidoderm is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is used for neuropathic pain. According to the medical records there is no diagnosis of neuropathic pain associated for the use of Lidoderm patch and thus not medically necessary.

