

<b>Case Number:</b>	CM14-0071323		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/06/1999
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 indicates that this 72-year-old female was reportedly injured on May 6, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder range of motion with flexion and abduction to 100, external rotation to 90, and internal rotation to the lumbar spine. There was a normal upper extremity neurological examination. Diagnostic imaging studies of the left shoulder revealed moderate to severe glenohumeral arthritis and moderate tendinosis. Previous treatment is unknown. A request had been made for lidocaine 5% and was not certified in the pre-authorization process on May 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% #90 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

**Decision rationale:** The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. A review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request for topical lidocaine 5% is not medically necessary.