

<b>Case Number:</b>	CM14-0072830		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/08/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 8, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; topical agents; unspecified amounts of physical therapy; a shoulder surgery; and transfer of care to and from various providers in various specialties. In an April 11, 2014 Utilization Review Report, the claims administrator failed to approve a request for topical Lidoderm patches. The applicant's attorney subsequently appealed. In a February 19, 2014 progress note, the applicant was described as using OxyContin, Cymbalta, Flexeril, Phenergan, Ativan, Amrix, Lidoderm, Dulcolax, and Lexapro. The applicant presented with a primary complaint of shoulder pain with indwelling shoulder prosthesis in place. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. On April 27, 2014, the applicant was given prescriptions for Lexapro, Dulcolax, Lidoderm, Amrix, Ativan, Phenergan, and OxyContin. The applicant was, however, also described as using Cymbalta. The applicant, again, was not apparently working owing to ongoing shoulder pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Adhesive Patch #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Lidocaine, page 112. The Expert Reviewer's decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, "topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants." In this case, however, it appears that the applicant's shoulder pain is mechanical/orthopedic in nature, and associated with painful, indwelling shoulder prosthesis. It is further noted that the applicant's ongoing usage of Cymbalta, an antidepressant and adjuvant medication, effectively obviates the need for the Lidoderm patches, even if one were to take the position that the applicant has some element of neuropathic pain. Therefore, the request is not medically necessary.