

<b>Case Number:</b>	CM14-0091517		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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. 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 injured worker is a 44-year old male who had a work related injuries on 10/22/11. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 04/27/14, the injured worker complained of chronic bilateral shoulder discomfort left worse than right, due to degenerative arthritis. The injured worker had not yet completed a course of behavioral medicine. The injured worker had partial pain relief with his current analgesic medicines. The injured worker was currently using analgesic medication to help him maximize his level of physical function and improve his quality of life. Increasing spasm in the neck felt under control for the time being. Current medication Norco 10 325 #60 Flexeril 10mg #45, ibuprofen 800mg #100. Lidoderm patches #30. Prior utilization review on 06/10/14 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches, #30.:** Upheld

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

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

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or serotonin norepinephrine reuptake inhibitor anti-depressants or an anti-epileptic drugs such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm patches #30 is not medically necessary.