

<b>Case Number:</b>	CM14-0193586		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/24/2008
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Internal 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 patient is an injured worker with shoulder, neck, and back complaints. Date of injury was July 24, 2008. The primary treating physician's progress report dated October 14, 2014 documented subjective complaints of neck pain, bilateral arm pain, and low back pain. The pain is severe and sharp. Objective findings were documented. The cervical spine is tender to palpation. Range of motion is limited secondary to pain. There is tenderness over the right shoulder to palpation and some left upper extremity weakness comparing to the right side. Diagnoses were left shoulder internal derangement, adhesive capsulitis, status post rotator cuff repair, status post acromioplasty, status post excision of displaced left shoulder anchor, hypertension, borderline diabetes, sleep disorder with insomnia and fragmented sleep maintenance, depressive disorder with psychological factors affecting his medical condition. Treatment plan included Tramadol and Lidoderm patch 5%, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixty Lidoderm 5% patches with three refills between 11/11/14 and 12/26/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56-57, 111-112.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The medical records do not document a trial of first-line therapy (tri-cyclic or serotonin and norepinephrine reuptake inhibitors anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Sixty Lidoderm 5% patches with three refills between 11/11/14 and 12/26/2014 is not medically necessary.