

<b>Case Number:</b>	CM14-0195237		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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:

Injured worker sustained an industrial injury when she slipped and fell on 09/15/98. She has been diagnosed with fibromyalgia, shoulder impingement syndrome, and cervical spondylosis without myelopathy. Documented treatment has included medications, injections, 2001 and 2010 right shoulder surgeries, physical therapy, individual psychotherapy (IPT), biofeedback, acupuncture, and a chronic pain management program (CPMP). 10/01/10 AME report stated previous medications had included NSAIDs, which caused an ulcer, as well as Ultram, Gabapentin, Cymbalta, Savella, and Lidoderm patches. Gabapentin had been discontinued due to fatigue. Savella caused headaches. Injured worker reported pain in multiple body areas and burning pain extending down the right arm to the fingers. She reported bilateral hip pain radiating to the ankles. Right shoulder pain was improved with Lidoderm patch. Injured worker described her activity level as "very poor". On exam, 18 of 18 fibromyalgia tender points were noted. Neurological exam was normal. Future treatment recommendations included medications such as anticonvulsants, antidepressants, alpha-2 agonist, and if necessary opiate analgesics. If on opiates, urine toxicology screens every 4-6 months were recommended. She has been maintained for the past several years on oxycodone, tramadol, and Lidoderm patches. She has reported ongoing symptomatic and functional improvement with medications. No aberrant behaviors are documented. No recent drug screen is documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #60 with 1 refill:** Overturned

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

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

**Decision rationale:** MTUS states that Lidoderm patch is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Although objective evidence of radiculopathy or peripheral nerve lesion is not documented, injured worker describes burning upper extremity pain suggestive of neuropathic pain. She has responded well to long-term use of Lidoderm patch. Continuation of Lidoderm is reasonable and medically necessary.

**Urine Drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse, Tolerance, Dependence. Decision based on Non-MTUS Citation Official Disability Guidelines- pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT)

**Decision rationale:** MTUS states that drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." MTUS is silent concerning recommended frequency of urine drug screens. Therefore, other evidence-based treatment guidelines were consulted. ODG recommends annual urine drug screens (UDS) for patients determined to be at low risk. No UDS is documented during the past year. Due to documented ongoing use of opioid medications, the requested UDS is reasonable and medically necessary.