

<b>Case Number:</b>	CM14-0200290		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury of April 9, 2012. A utilization review determination dated November 19, 2014 recommends non-certification of lidocaine pad 5% 30-day supply #30 with 5 refills. A progress note dated November 4, 2014 identifies subjective complaints of continued back pain with radiation to bilateral buttocks, and the patient notes relief with PT for the left shoulder. The physical examination identifies bilateral shoulder impingement, decreased sensation of bilateral feet, and negative straight leg raise test. The diagnoses include myofascial pain syndrome, lumbar spine strain, and bilateral rotator cuff syndrome. The treatment plan recommends a prescription for Naprosyn 550 mg, a prescription for Omeprazole 20 mg, a prescription for Flexeril 7.5 mg, a prescription for Mentherm gel, a prescription for Lorazepam, and a prescription for Lidocaine patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pad 5% 30 day supply #30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** Regarding request for topical Lidocaine Pad 5% 30 day supply #30 with 5 refills, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidocaine Pad 5% 30 day supply #30 with 5 refills is not medically necessary.