

<b>Case Number:</b>	CM14-0208643		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Rehab 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 a 43 year old male with date of injury 11/6/08 that occurred pushing and pulling loaded containers out of a truck at the airport. The treating physician report dated 12/3/14 indicates that the patient presents with pain affecting the neck and right shoulder. The current medications listed are: Ambien, Carisoprodol, Hydrocodone, Soma and Zolpidem. The physical examination findings reveal normal gait, spasm of cervical spine, tenderness of cervical spine, trigger points and negative Wadell's signs. Prior treatment history includes medication management, physical therapy, functional restoration program and epidural steroid injections. The current diagnoses are: 1.Cervical disc displacement2.Cervicobrachial syndromeThe utilization review report dated 12/10/14 denied the request for Lidoderm Patch based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5 Percent #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57; 111-113.

**Decision rationale:** The patient presents with chronic neck and right shoulder pain. The current request is for Lidoderm Patch 5 Percent #30. The treating physician report dated 12/3/14 states, "Lidoderm patch for sleep." This request appears to be an initial trial request as there is no documentation of prior usage in the reports provided for review. The MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treating physician has not documented the location of trial of the lidoderm patches and there is no documentation of neuropathic pain. Recommendation is for denial.