

<b>Case Number:</b>	CM15-0004418		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 50 year old male who sustained a work related injury November 6, 2013. The injury occurred while holding a rope attached to a limb, the rope slacked, causing him to fall hitting his head on the ground. Past decompression and labral repair, right shoulder May 16, 2014. According to a treating physician's office, visit dated December 4, 2014, the injured worker presented with complaints of pain in the right shoulder and right elbow. An MRI (magnetic resonance imaging) dated August 5, 2014, reveals tendinosis of common flexor and extensor muscles with partial thickness attachment side tears as well as partial thickness tearing of the medial triceps tendon at the olecranon attachment (report present in medical record). There is numbness, tingling and shooting pain present in the arm; neck pain and headaches persist with numbness and tingling along the right side of the face. Physical examination reveals tenderness along the cervical and paraspinal muscles bilaterally; pain along the right shoulder, rotator cuff and biceps tendon. He has abduction at 125 degrees on the right and flexion at 140 degrees. There is tenderness along the medial greater than lateral epicondyle to stretch and not to resisted function; negative Tinel's at elbow and wrist and mild tenderness first extensor on the right wrist and hand. Diagnoses includes discogenic cervical condition with facet inflammation; s/p concussion; right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation and bicipital tendonitis; ulnar nerve neuritis on the right; carpal tunnel syndrome right and chronic pain syndrome. Treatment plan includes authorization for physical therapy, neurology follow-up and psychiatry and dental consultations and medications. Work status is

documented as return to work with modifications. According to utilization review dated December 23, 2014, the request for Lidoderm Patch 5% Quantity: 60 is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm patch 5%, quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm.

**Decision rationale:** The requested Lidoderm patch 5%, quantity 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has numbness, tingling and shooting pain present in the arm; neck pain and headaches persist with numbness and tingling along the right side of the face. The treating physician has documented tenderness along the cervical and paraspinal muscles bilaterally; pain along the right shoulder, rotator cuff and biceps tendon. He has abduction at 125 degrees on the right and flexion at 140 degrees. There is tenderness along the medial greater than lateral epicondyle to stretch and not to resisted function; negative Tinel's at elbow and wrist and mild tenderness first extensor on the right wrist and hand. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patch 5%, quantity 60 is not medically necessary.