

<b>Case Number:</b>	CM15-0105622		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	07/05/1998
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 76-year-old male, with a reported date of injury of 07/05/1998. The diagnoses include right shoulder advanced glenohumeral osteoarthritis, right acromioclavicular joint osteoarthritis, right partial supraspinatus rotator cuff tear, and C5-C6 quadriplegia. Treatments to date have included an MRI of the right shoulder on 01/27/2015 which showed severe, progressive degenerative arthrosis of the glenohumeral joint, moderate to marked supraspinatus tendinosis/tendinitis, marked increasing subacromial subdeltoid bursitis with a large effusion, and extensive tearing of the fibrocartilaginous labrum and oral medications. The progress report dated 04/24/2015 indicates that the subjective complaints included that the injured worker could not undergo surgery for a prosthesis in the right shoulder if had a dangerous underlying urinary tract infection. The objective findings include three months of antibiotics to correct the problem according to the Urologist. He could still get the prosthesis up to three months after the urinary tract infection was treated. The injured worker was rescheduled for right shoulder surgery in August 2015. It was noted that there was increased pain and nerve pain. The treating physician requested Lidoderm 5% patches #30 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches, Qty 30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. Therefore, the request for Lidoderm 5% patch #30 is not medically necessary.