

<b>Case Number:</b>	CM15-0105765		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on 02/01/2005. Mechanism of injury was not documented. Diagnoses include status post right shoulder arthroscopic subacromial decompression with debridement rotator cuff, tear of supraspinatus and tendinopathy of the infraspinatus-right, left shoulder compensatory pain, cervical pain with right upper extremity symptoms, right medial and lateral elbow pain, bilateral wrist/hand pain. There is documentation in a physician progress note that a Magnetic Resonance Imaging of the right shoulder done on 04/14/2014 revealed a small full thickness rotator cuff tear. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, chiropractic sessions, Transcutaneous Electrical Nerve Stimulation unit, home exercises, left wrist brace, and use of cold and heat. Medications include Cyclobenzaprine, and Lidoderm patches. A physician progress note dated 04/24/2015 documents the injured worker complains of right shoulder pain rated 6 out of 10, compensatory left shoulder pain rated 5 out of 10, cervical pain rated 6 out of 10, right wrist/hand pain rated 5 out of 10, left wrist/hand pain rated 5 out of 10 and right thumb pain rated 5 out of 10. She has tenderness right and left shoulder anterior aspect and acromioclavicular joint. She has limited range of motion however motion has improved. Conditioning improved- right deltoid musculature. Spasm of the cervical trapezius and deltoid musculature less pronounced today. She continues to work modified duties. The treatment plan includes dispensing Cyclobenzaprine. Treatment requested is for Lidoderm patches, and Topical NSAID, Ketoprofen 300 g.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine 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). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Although the claimant had prior benefit with Lidoderm, long-term use of topical analgesics such as Lidoderm patches in combination with topical Ketoprofen is not recommended. The request for continued use Lidoderm patches as above is not medically necessary.

**Topical NSAID, Ketoprofen 300 g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant did not have the above diagnoses. Length of use was not specified. There is no indication for combining it with Lidoderm. Topical Ketoprofen in combination with Lidoderm patches is not medically necessary.