

<b>Case Number:</b>	CM15-0139033		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	11/28/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 51 year old female, who sustained an industrial injury on 11/28/14. She reported left shoulder pain. The injured worker was diagnosed as having sprain/strain of the shoulder. Treatment to date has included physical therapy, steroid injections, medication and left shoulder arthroscopic decompression, distal clavicle resection, and lysis of adhesions on 5/4/15. Currently, the injured worker complains of left shoulder pain. The treating physician requested authorization for Lido patch 4% #10 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido patch 4% #10 refills 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain. Patient does not have any neuropathic pain or meets any indication for lidocaine patch use much less a need for refills. Lidocaine patch is not medically necessary.

