

Case Number:	CM15-0139133		
Date Assigned:	07/29/2015	Date of Injury:	02/27/2009
Decision Date:	09/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	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: Texas, 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 59 year old female, who sustained an industrial injury on 2/27/2009. The patient sustained the injury due to cumulative trauma. The injured worker was diagnosed as having rotator cuff syndrome, chronic pain syndrome, myofascial pain syndrome. Treatment to date has included medications, massage, magnetic resonance imaging of the right knee (11/6/2014), right shoulder surgery (January 2013), left shoulder surgery (2010), and urine drug screening (2/2/2015). The current request is for Lidoderm 5% patches. On 1/9/2015, she is reported as not working. She complained of right shoulder pain, left shoulder pain, and right knee pain. She rated her pain 4-8/10. She reported that pain medications take her pain from 9/10 to 2-3/10. Her current medications are: Norco, Ambien, and Lidoderm 5% patches. The provider noted that non-steroidal anti-inflammatory drugs (NSAIDs) and tricyclic anti-depressants (TCAs) have been tried and failed. She is also noted to have tried and failed with massage. On 2/2/2015, she complained of right shoulder, left shoulder, and bilateral knee pain. She rated the pain 3-9/10, and indicated medications take her pain down to 2-3/10. Medications are: Norco, Ambien, and Lidoderm patch. The treatment plan included: Norco, Lidoderm patches, continuing cognitive behavioral therapy, urine drug screening, blood work, and Ambien. On 5/8/2015, she complained of bilateral shoulder pain rated 7/10. The treatment plan included: continued cognitive behavioral therapy, discontinue Vistaril and sonata, continue Ambien, and Norco.. On 6/11/2015, she complained of right shoulder pain. She rated the pain 5/10 in severity, her current pain 3/10, and least reported pain over the period since her last assessment 5/10, average pain 8-9/10, and intensity of pain after taking the opioid 2-3/10, and pain relief lasts 4

hours. Physical examination of the right shoulder revealed tenderness on palpation her current medications are: Norco, Ambien, and Lidoderm patches. The treatment plan included: continuing cognitive behavioral therapy, Ambien, Norco, and Lidoderm patches, and trial Trazodone. She is not working. The patient's surgical history includes bilateral shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-112, Topical Analgesics Lidoderm (lidocaine patch) page 56-57 Page(s): 56-57, 111-113.

Decision rationale: Request: Lidoderm 5% patch, quantity: 30 According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient was prescribed Trazodone (antidepressant). The detailed response of the Trazodone for this injury was not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidoderm 5% patch, quantity: 30 is not fully established.