

<b>Case Number:</b>	CM15-0146936		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	03/29/1994
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 57-year-old female who sustained an industrial injury on 03/29/1994. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Chronic neck and low back pain with myofascial pain syndrome. History of migraine headaches. Left shoulder glenoid labrum tear (not covered). History of depression. Treatment to date has included physical therapy and oral and topical medications including Celebrex, Prozac, Wellbutrin, Amitriptyline, Neurontin, and Lidoderm patches. Currently, the injured worker complains of pain rated at an 8-9 on a scale of 0-10. On exam, she has tenderness over the cervical paraspinal muscles, the trapezius, and the lower back with limited range of motion. She has limitations in range of motion in the neck and is tender to palpation over the subacromial regions of both shoulders, right worse than left. Reflexes are symmetric, and she has diminished grip strength on the left side. She reports that Lidoderm patches helped with her neck and back pain with the pain level dropping to a 6 on a scale of 0-10 with the Lidoderm patches. She reports using Lidoderm patches daily and that they help her be able to get her household chores done. The plan of treatment includes Lidoderm patches and continuation of current medications. The worker is on full duty as of 04-14-2015 with no restrictions. A request for authorization was submitted for Lidoderm 5% patch Qty 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): table 3-1, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), page 56-57 (2) Topical Analgesics, page 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 1994 and continues to be treated for bilateral shoulder pain. When seen, pain was rated at 8-9/10. Physical examination findings included cervical paraspinal muscle, trapezius muscle, and low back tenderness. There was decreased cervical spine range of motion. There was decreased shoulder range of motion with subacromial tenderness and decreased strength. Celebrex, Prozac, amitriptyline, Neurontin, Lidoderm, and Wellbutrin XL were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.