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| <b>Case Number:</b>   | CM15-0162780 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 12/18/2014 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 08/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2015 |

### 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 63-year-old male, with a reported date of injury of 12-18-2014. The mechanism of injury was the result of a fall from the back of a pick-up truck. He landed on his right flank and right wrist. The injured worker's symptoms at the time of the injury included right-sided pain and right wrist pain. The diagnoses include resolved right sided rib bruise, right wrist sprain, and muscle spasm of the spine, neck, and back. Treatments and evaluation to date have included physical therapy, right shoulder steroid injections, oral medications, and a right wrist splint. The diagnostic studies to date have not been included in the medical records. The progress report dated 07-17-2015 indicates that the injured worker stated that he was still in significant pain especially in the right rib in the front and back area. The injured worker was there to follow-up on the right shoulder steroid injection. It was noted that there was improvement. The objective findings included jolting pain with movement, dull deltoid "ache" with palpation, full strength and range of motion; and right-sided pain at extremes of motion on scratch test. It was noted that the x-rays of the cervical and lumbar spine, right wrist, and right ribs showed no fracture; however, there were degenerative changes throughout. The injured worker has been instructed to return to full duty. The treating physician requested Lidoderm patch 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #30, apply 1 patch to affected area daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The requested Lidoderm Patch 5% #30, apply 1 patch to affected area daily is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has pain especially in the right rib in the front and back area. The injured worker was there to follow-up on the right shoulder steroid injection. It was noted that there was improvement. The objective findings included jolting pain with movement, dull deltoid "ache" with palpation, full strength and range of motion; and right-sided pain at extremes of motion on scratch test. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met Lidoderm Patch 5% #30, apply 1 patch to affected area daily is not medically necessary.