MAXIMUS Federal Services

| Case Number: | CM15-0183394 | | |
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| Date Assigned: | 09/24/2015 | Date of Injury: | 05/03/2013 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

## 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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 61 year old female, who sustained an industrial injury on May 3, 2013, incurring right knee injuries. She was diagnosed with internal derangement of the right knee. Treatment included physical therapy and home exercise program, pain medications, topical analgesic patches, crutches and activity restrictions with modifications. Currently, the injured worker complained of increased low back pain, left elbow, shoulder and neck pain due to postural abnormalities from prolonged use of a Rollator and crutches for ambulation. She was unable to participate with activities of daily living due to the pain and range of motion restrictions. She noted decreased range of motion, decreased strength poor balance and gait abnormality secondary to her multiple injuries and increased pain. On July 22, 2015, a right shoulder Magnetic Resonance Imaging revealed a partial labral tendon tear with severe tendinosis, synovitis and osteoarthritis. A left shoulder Magnetic Resonance Imaging revealed severe tendinosis, tendon tears, bursitis and severe osteoarthritis. The treatment plan that was requested for authorization on September 71, 2015, included a prescription for a thirty-day supply of Lidoderm Patches. On September 9, 2015, a request for a prescription for a thirty-day supply of Lidoderm Patches was denied by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches as directed 30-day supply:** 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 based on Non-MTUS Citation ODG, Pain, Lidoderm Patches.

**Decision rationale:** The patient presents with chronic low back pain and shoulder pain. The current request is for Lidoderm patches as directed, 30-day supply. The clinical records provided did not document the request or rationale for Lidoderm patches. MTUS Guidelines state, "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)." MTUS Guidelines go on to also state, "Recommended for localized peripheral pain." When ODG is reviewed, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." Review of the clinical history does not indicate how long the patient has been treating with Lidoderm patches. There is no documentation of positive response or improvement with utilizing Lidoderm patches. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Lidoderm patches are indicated, but suffers from chronic low back and shoulder pain. Finally, documentation of the area for treatment was not indicated. Therefore, the current request is not medically necessary.