

<b>Case Number:</b>	CM15-0185326		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 53 year old female, who sustained an industrial injury on 9-2-2011. The injured worker was being treated for severe glenohumeral arthritis of the right shoulder. On 7-29-2015, the injured worker reported constant right shoulder pain. Her pain was rated 10. The physical exam revealed the injured worker is allodynic. She elevates to 45, abduction to neutral, external rotation to 40, and internal rotation to her trochanter. On 12-4-2014, an MRI of the right shoulder revealed an old Neer probably two-part proximal humeral fracture that was well-healed without evidence for avascular necrosis. There was moderate shoulder joint osteoarthritis and an old labral tear with adjacent small paralabral inferiorly. There was no acute change identified. On 7-1-2015, radiographs of the right shoulder revealed loss of joint space, early osteophytosis, but she is centered on the axillary view. There was severe glenohumeral arthritis. Surgeries to date have included labral debridement, chondroplasty, rotator interval release, capsular release, subacromial bursectomy, and gentle manipulation on 6-19-2014. Treatment has included postoperative physical therapy for the right shoulder, off work, ice, a shoulder Dynasplint, a transcutaneous electrical nerve stimulation (TENS) unit, right shoulder steroid injections, work modifications, and medications including oral pain, topical pain (Lidoderm patch since at least January 2015), anti-epilepsy, proton pump inhibitor, and anti-inflammatory. The requested treatments included Lidoderm 5% #2 boxes. On 8-21-2015, the original utilization review non-certified a request for Lidoderm 5% #2 boxes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #2 boxes:** 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 Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch).

**Decision rationale:** The patient was injured on 09/02/11 and presents with headaches, neck pain, upper back pain, and right shoulder pain. The request is for LIDODERM 5% #2 BOXES. There is no RFA provided and as of 06/04/15, the patient is performing modified duty. The patient has been using these patches as early as 04/08/15. MTUS Guidelines, Lidoderm (lidocaine patch) section, page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is a 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. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has a limited cervicothoracic spine range of motion, palpation of the trapezius muscles and the cervical/thoracic paraspinal muscles revealed tenderness and hypertonicity bilaterally, there is a positive cervical compression with radiation to the right upper extremity in the periscapular area, a positive Spurling's test on the right side, and a limited right shoulder range of motion. She is diagnosed with chronic cervical/thoracic strain, severe frozen right shoulder, and status post right shoulder labral debridement. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Furthermore, review of the reports provided does not indicate how Lidoderm patches have impacted the patient's pain and function. The requested Lidoderm patch IS NOT medically necessary.