

<b>Case Number:</b>	CM15-0193437		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, 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:

This is a 37 year old female with a date of injury of August 12, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain, cervical pain, and muscle spasm. Medical records dated June 15, 2015 indicate that the injured worker complained of neck pain and left shoulder pain rated at a level of 10 out of 10 with and without medications, and poor sleep quality. Records also indicate that the injured worker's activity level has decreased, and that she is taking her medications as prescribed and they are "working well". A progress note dated July 13, 2015 documented complaints similar to those reported on June 15, 2015. The physical exam dated June 15, 2015 reveals restricted range of motion of the cervical spine, tenderness at the rhomboids and trapezius, pain in the muscles of the neck radiating to the upper extremity with Spurling's neck bent toward the left, restricted movement of the left shoulder, limited by pain, positive Hawkins and Neer's tests of the left shoulder, tenderness to palpation in the greater tubercle of the humerus and subdeltoid bursa, decreased strength of the left upper extremity, and decreased sensation over the left thumb, index finger, and middle finger. The progress note dated July 13, 2015 documented a physical examination that showed no changes since the examination performed on June 15, 2015. Treatment has included physical therapy started in May of 2015, and medications (Gabapentin 600mg three times a day, Lidoderm patches 5% once a day as needed, and Norco 10-325mg twice a day since at least February of 2015). The original utilization review (September 1, 2015) non-certified a request for Lidoderm patches 5% #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch SIG: one patch to skin every day as needed (DAW) #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Opioids, dosing, Topical Analgesics.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was on Lidoderm for over a year along with opioids and anti-epileptics. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.