

<b>Case Number:</b>	CM15-0197763		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	12/22/2005
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial-work injury on 12-22-05. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain, wrist pain, and rotator cuff syndrome and allied disorder. Treatment to date has included pain medication, Norco, Gabapentin, Lidoderm patch since at least 4-21-15, 2 right wrist surgeries, 2 right shoulder surgeries, activity modifications, physical therapy and other modalities. Medical records dated 9-15-25 indicates that the injured worker complains of persistent symptoms of chronic neck, right shoulder and back pain that have been unchanged. The physical exam reveals right shoulder tenderness, decreased cervical range of motion, and decreased lumbar range of motion with pain. The documentation does not indicate neuropathic pain and the documentation does not indicate failure of oral pain medications. The request for authorization date was 9-17-15 and requested service included Lidoderm 5% patch #30 with one refill. The original Utilization review dated 9-25-15 non-certified the request for Lidoderm 5% patch #30 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30 with one refill:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 12-22-05. The medical records provided indicate the diagnosis of cervical strain and sprain, wrist pain, and rotator cuff syndrome and allied disorder. Treatments have included Norco, Gabapentin, Lidoderm patch since at least 4-21-15, 2 right wrist surgeries, 2 right shoulder surgeries, activity modifications, physical therapy and other modalities. The medical records provided for review do not indicate a medical necessity for Lidoderm 5% patch #30 with one refill. Lidoderm is a topical analgesic recommended for the treatment of post-herpetic neuralgia that has failed treatment with antidepressants and anticonvulsants. The MTUS does not recommend it for the treatment of any other type of pain. Therefore, the requested treatment is not medically necessary since the medical records do not indicate the injured worker is being treated for post-herpetic neuralgia.