MAXIMUS Federal Services

| Case Number: | CM15-0203719 | | |
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| Date Assigned: | 10/20/2015 | Date of Injury: | 01/01/2015 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/16/2015 |

## 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old female who sustained an industrial injury on 1-1-15. The medical records indicate that the injured worker is being treated for chronic pain syndrome; neck, shoulder wrist and muscle pain; paresthesia; left arm weakness. She currently (9-24-15) complains of left shoulder pain; cervical pain with numbness, weakness and tingling in the left upper extremity. Her pain level is 9 out of 10 without medication and 4 out of 10 with medication. The physical exam revealed decreased range of motion of the left arm, tenderness on palpation of the left shoulder and left elbow, there was a positive Neer's impingement test, positive empty can test; cervical spine tenderness on palpation. The injured worker has undergone x-rays of the left elbow (6-15-15) normal; left shoulder x-rays (3-7-15) were unremarkable; cervical spine x-rays (3-7-15) showing no acute fracture or dislocation; MRI of the left shoulder (2015) showing anterior superior labral tear, small joint effusion, supraspinatus tendinosis. Treatments to date include medication: ibuprofen, gabapentin, naproxen, Flexeril, Norco, omeprazole, Benadryl, amoxicillin; physical therapy without benefit; massage and electrostimulation helps 50%; heat and rest are beneficial. The request for authorization dated 9-28-15 was for Lidoderm 5% patch #60. On 10-2-15 Utilization review non-certified the request for Lidocaine Pad 5%, 30 day supply, #60 with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5%, #60 (30 day supply) with no refills:** Upheld

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

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

**Decision rationale:** Lidocaine pad 5%, #60 (30 day supply) with no refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of all first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The documentation is not clear that the patient's neuropathic pain is localized. For these reasons the request for Lidocaine pad is not medically necessary.