

<b>Case Number:</b>	CM15-0209365		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old female, who sustained an industrial injury on September 15, 1998, incurring neck, low back and hip injuries. She was diagnosed with a right shoulder impingement syndrome, cervical spondylosis and lumbar spondylosis. She underwent a left shoulder arthroscopy with decompression and debridement on December 13, 2001. Treatment included anti-inflammatory drugs, pain medications, muscle relaxants, physical therapy, acupuncture, topical analgesic patches, sleep aides, activity restrictions, and work modifications. Currently, the injured worker complained of shoulder pain and constant throbbing and back achiness. She was diagnosed with fibromyalgia. She noted difficulty sleeping due to the chronic pain. The persistent chronic pain interfered with her activities of daily living. The treatment plan that was requested for authorization included a prescription for Lidocaine 5% patch with 3 refills. On September 25, 2015, a request for Lidocaine patches was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch, 3 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), Topical Analgesics.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1998 when she slipped and fell while climbing stairs. She fell landing on her left side, had neck and low back pain, and then developed bilateral shoulder pain. She had left shoulder arthroscopic surgery in December 2001 and right shoulder surgery in September 2010. She continues to be treated for chronic pain including a diagnosis of fibromyalgia when seen in September 2015 she was having low back pain and had recurrent lower extremity pain. She was having ongoing neck pain extending into the arms to the elbows. There had been three syncopal episodes occurring when transitioning from a sitting to standing position. She had ongoing complaints of lightheadedness when changing positions. Physical examination findings included normal vital signs. Amitriptyline, Lidoderm, and tizanidine were continued. Her amitriptyline dose was decreased. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.