

<b>Case Number:</b>	CM15-0020198		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Pennsylvania, Ohio, 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 46 year old female, who sustained an industrial injury on September 14, 2012. The injured worker has reported the low back pain, shoulder pain and foot pain. The diagnoses have included low back pain, foot pain, chronic pain syndrome, numbness of the hand and a left rotator cuff injury. Treatment to date has included pain management, MRI, acupuncture, physical therapy, a home exercise program, right arthroscopic rotator cuff repair in 2014 and a left shoulder arthroscopic labral and rotator cuff debridement in 2014. Current documentation dated January 5, 2015 notes that the injured worker complained of low back pain, bilateral shoulder pain and bilateral wrist and hand pain. Associated symptoms include joint stiffness of the shoulders and elbows and numbness and tingling of the bilateral upper extremities. Physical examination of the hands and wrists revealed a positive Phalen's test bilaterally. On January 9, 2015 Utilization Review non-certified a request for Lidoderm 5% 700 mg Patch # 30 with three refills for symptomatic pain management. The medication allows the injured worker to effectively manage pain and maintain the current levels of function. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited. On February 3, 2015, the injured worker submitted an application for IMR for review of a prescription for Lidoderm 5% 700 mg Patch # 30 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% 700mg patch #30 refills:3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidoderm Page(s): 112.

**Decision rationale:** MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale for this request. The request is not medically necessary.