

<b>Case Number:</b>	CM15-0021436		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 9/09/2010. The diagnoses have included right shoulder internal derangement, cervical spine sprain/strain, medication induced gastritis and hypogonadism secondary to chronic opiate use. Treatment to date has included trigger point injections, cortisone injections, physical therapy, activity modification and medications. He has undergone three rotator cuff surgeries. Magnetic resonance imaging (MRI) (6/24/2014) revealed a recurrent tear of the entire supraspinatus tendon. Currently, the IW complains of persistent neck pain with cervicogenic headaches along with significant radial symptoms in the right upper extremity Pain was rated as 8/10 without medication and 5/10 with medication. Objective findings included cervical spine range of motion decreased in all planes. There is positive cervical musculature tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles, right greater than left. The right shoulder is tender to palpation with decreased range of motion. UDS was consistent with prescribed medications. He has signed an opiate contract. On 12/31/2014, Utilization Review modified a request for Norco 10/325mg #120, Anaprox DS 550mg #60, Prilosec 20mg #60, Lidoderm 5% #3 and Androgel 1.62% noting that the clinical findings do not support the medical necessity of the treatment. MTUS, ODG and Non-MTUS sources were cited. On 2/04/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #120, Anaprox DS 550mg #60, Prilosec 20mg #60, Lidoderm 5% #3 and Androgel 1.62%.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidoderm 5% #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm Patches

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #3 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (No more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured workers working diagnoses are right shoulder internal derangement; status post arthroscopic surgery February 10, 2011 followed by open surgical repair December 22, 2011; status post arthroscopic rotator cuff repair August 20, 2013; cervical spine sprain / strain; medication induced gastritis; and hypogonadism. Subjectively, the injured worker complains of headaches with significant ridiculous symptoms to his right upper extremity. There is persistent right shoulder pain, however, the injured worker is reluctant to undergo additional surgery. The list of medications include Norco, Anaprox, Prilosec, Ambien, trazodone, Lidopro topical analgesic ointment; Andriol, Doral and Remeron. The documentation does not contain objective functional improvement as it pertains to Lidopro topical analgesic ointment. There is no clinical rationale for change from Lidopro ointment to Lidoderm 5% patch. Objectively, there is no evidence of neuropathic findings. The list of diagnoses does not contain neuropathic etiologies. The documentation indicates the injured worker was using Lidoderm patch in the past. A progress note dated February 2, 2014 contains an entry with Lidoderm. Again, the documentation does not provide evidence of objective functional improvement with its prior use. Consequently, absent clinical documentation with evidence of objective functional improvement associated with prior use to gauge Lidoderm efficacy, Lidoderm 5% #3 is not medically necessary.