

<b>Case Number:</b>	CM15-0028264		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 49 year old female who sustained an industrial injury to her right shoulder on June 25, 2012. There was no mechanism of injury documented. The injured worker was diagnosed with rotator cuff tear, bursitis right shoulder. The injured worker underwent arthroscopy right shoulder with extensive debridement of SLAP tear and partial thickness articular side rotator cuff tear and subacromial decompression with acromioplasty and coracoacromial ligament release on April 8, 2013. According to the primary treating physician's progress report on January 7, 2015 the injured worker continues to experience persistent symptoms of the cervical and right shoulder with decreased range of motion. Tenderness and spasm were noted. Current medications consist of Norco and Duloxetine. Treatment modalities consisted of home exercise program, medication and continue acupuncture therapy. The treating physician requested authorization for Lidoderm Patch 5% #20 to facilitate weaning of Norco. On January 16, 2015 the Utilization Review denied certification for Lidoderm Patch 5% #20. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic products.

**Decision rationale:** The California MTUS and the Official Disability Guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The diagnoses are musculoskeletal pain located in the shoulder joint. There is no documentation of failure of treatment with first line medications as the patient is utilizing Cymbalta. The criteria for the use of Lidoderm patch 5% #20 were not met. Therefore, this request is not medically necessary.