

<b>Case Number:</b>	CM15-0218844		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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:

This 33 year old female sustained an industrial injury on 3-28-12. Documentation indicated that the injured worker was receiving treatment for brachial plexus disorder, carpal tunnel syndrome, shoulder pain and fibromyositis. Previous treatment included physical therapy, trigger point injections, ice, home exercise and medications. In a PR-2 dated 5-15-15, the injured worker reported increased pain since the last office visit, with right shoulder pain radiating down to the wrist associated with numbness and tingling. Physical exam was remarkable for pain on range of motion of the right shoulder with crepitus and positive Hawkin's and Spurling's tests. The injured worker stated that Lidoderm patches were most effective at managing her pain. The treatment plan included orthopedic evaluation and medications (Lidoderm patches, Omeprazole, Tramadol, Wellbutrin and Zoloft). In a PR-2 dated 10-15-15, the injured worker complained of ongoing pain, mostly in the right shoulder that had decreased since the last office visit. The injured worker stated that she continued to notice a clicking sensation in the right shoulder. The injured worker stated that Lidoderm patches were effective in managing her pain. The injured worker was working full time without restrictions. Physical exam was remarkable for right shoulder with crepitus on range of motion and positive Hawkin's and Spurling's tests. The treatment plan included continuing home exercise and continuing medications (Lidoderm patch, Omeprazole, Tramadol, Wellbutrin and Zoloft). On 10-23-15, Utilization Review noncertified a request for Lidoderm 5% 700mg patch #30 with two 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 with 2 refills, per 10/15/15 order: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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. This request is not medically necessary.