

<b>Case Number:</b>	CM15-0033159		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/01/2009
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: California

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 34 year old male who sustained an industrial injury on 4/29/2006 versus 11/10/2009. His diagnoses include chronic right shoulder pain; and status-post right shoulder arthroscopy surgeries (4/21/10, 11/3/10 & 7/13/11). There is no record of a recent magnetic resonance imaging, electromyogram, or nerve conduction studies. He has been treated with Norco and a trial of Ultram, along with the Lidoderm patch 5%; has had review of the opioid treatment agreement; and does his home exercise program. In the progress notes of 1/28/2015, his treating physician reports chronic right shoulder pain with no soft tissue swelling, no effusion, no erythema, normal shoulder body temperature/no excess warmth, and subacromial tenderness anteriorly and laterally over the joint line. He is requesting Lidoderm patch 5% for topical right shoulder pain, for the purpose of reducing the pain and reduce the need for more opioid therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. The shoulder pain appears to be nociceptive and musculoskeletal in origin, rather than neuropathic. As such, the currently requested Lidoderm is not medically necessary.