

<b>Case Number:</b>	CM15-0039649		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	12/11/2003
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 11, 2003. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for topical Lidoderm. The claims administrator referenced an RFA form of February 4, 2015 and progress notes of April 20, 2014 and June 11, 2014 in its determination. The claims administrator noted that the applicant was using a variety of medications, including Percocet, Cymbalta, Lidoderm, and baclofen as of February 4, 2015. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant did report a variety of issues, including neck pain status post earlier failed cervical fusion surgery, upper extremity pain, diabetes mellitus, and rheumatoid arthritis. The applicant's medication list included glyburide, temazepam, Cymbalta, methotrexate, Lopressor, and Lipitor. On February 4, 2015, the applicant again reported various issues, including multifocal arthralgias, diabetes, myofascial pain syndrome, and myalgias. The applicant's medication list reportedly included Motrin, Restoril, glyburide, baclofen, Lipitor, vitamin D, Cymbalta, Lidoderm, methotrexate, Lopressor, and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% #30, #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Cymbalta, a first-line antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.