

<b>Case Number:</b>	CM15-0052696		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/05/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 09/05/2000. Initial complaints and diagnoses were not mentioned in the clinical notes provided. Treatment to date has included conservative care/therapies, medications, MRI of the lumbar spine (11/22/2011), surgical repair of the right femur, and right shoulder surgery. Currently, the injured worker complains of ongoing right low back pain, hip pain and leg pain, and right shoulder pain. The injured worker reported that the Ultracet (tramadol) reduces his pain from a 7/10 to 2/10, and is trying to reduce the amount taken to 1-2 per day. He also noted that massage therapy helped improve sleep with less waking up in the middle of the night. Diagnoses include chronic bilateral shoulder pain, chronic neck and low back pain, status-post surgical repair of the right femur, status post right shoulder surgery (2003), insomnia, depression and right trochanteric bursitis. The treatment plan consisted of massage therapy, cortisone injection, Ultracet (dispensed), prescription for Lidoderm patches, urine drug screening, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 74-84, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or anti-epilepsy drug, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment. Therefore, the use of Lidoderm is not medically necessary.