

<b>Case Number:</b>	CM15-0055122		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Texas, California

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:

This is a 42-year-old female patient, who sustained an industrial injury on 3/1/12. The diagnoses include pain in joint, left shoulder rotator cuff tear, acromial joint degenerative joint disease, lateral epicondylitis and muscle spasm. She sustained the injury while moving shrink wrapped material. Per the PR-2 dated 1/9/15, she had complains of pain over the lumbar spine area, left shoulder and left elbow. She rates her pain a 5/10 on medications and an 8/10 without medications. Physical examination revealed trigger point pain with radiating pain and twitch response on palpation of bilateral trapezius muscles, some limited range of motion in left shoulder, tenderness to palpation of left shoulder joint and tenderness to palpation of left lateral epicondyle. Per the doctor's note dated 2/9/15, she had complaints of increased pain since last visit with poor sleep. The physical examination revealed left shoulder tenderness, decreased range of motion, positive Hawkin, Neer and Speed test; left elbow, full range of motion, tenderness over the lateral epicondyle. The medications list includes vicodin; butrans patch; flexor patch; lidoderm patch; nortriptyline and lexapro. She has had Magnetic Resonance Imaging (MRI) of the left shoulder on 1/25/13 and Magnetic Resonance Imaging (MRI) of the left elbow on 2/26/2013. She has had physical therapy, acupuncture and massage therapy for this injury. She has had urine drug screen on 7/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Request: Lidoderm patch 5% #30. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. Lidoderm patch 5% #30 is not medically necessary for this patient.