

<b>Case Number:</b>	CM14-0149167		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker was a 63-year old female whom experienced an industrial related injury on 11/27/12. Reevaluation by primary treating physician on 08/19/14 noted she had complaints regarding her cervical spine, thoracic spine, lumbar spine, right shoulder, and right hand. She had right arthroscopic surgery with fair results in December 2013. She currently takes Ultram two times per day, Motrin as needed for pain, and Prilosec. She reported her pain is better with therapy, rest, and medications but is made worse with activities. Objective findings revealed decreased cervical spine range of motion with tenderness to the paraspinals, positive Spurling's test on the right. Cervical compression test was positive with decreased strength and sensation bilaterally at C5, C6, C7, and C8. Deep tendon reflexes were 1++ in the brachioradialis and triceps tendons bilaterally. Thoracic and lumbar spine revealed tenderness to the paraspinals, right greater than left. Right shoulder examination showed decreased range of motion with flexion to 140 degrees, abduction at 120 degrees, extension and adduction were 30 degrees, internal rotation was 40 degrees, and external rotation was 60 degrees. There was decreased strength 4/5 with flexion and abduction, Hawkins and impingement tests were positive and there was tenderness to the acromioclavicular joint. Diagnoses were 1) V45.89 Status post right shoulder rotator cuff repair, 2) 847.0 Rule out recurrent right shoulder rotator cuff tear 3) 847.0 Chronic cervical strain, 4) 847.2 Chronic lumbar strain. Treatment plan consisted of cervical spine MRI, completion of physical therapy to the cervical spine and right shoulder. Prescribed physical therapy to the lumbar spine. Lidoderm patches were prescribed for the postop right shoulder rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches (Lidocaine 5%) #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 56,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Lidoderm patch; per ODG website.

**Decision rationale:** Topical Analgesics 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. The request is not reasonable as there is no documentation that there has been failure of first line therapy.