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| <b>Case Number:</b>   | CM14-0151086 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 06/14/2005 |
| <b>Decision Date:</b> | 10/29/2014   | <b>UR Denial Date:</b>       | 09/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 55 year old female who sustained a work injury on 6-15-05. Office visit on 8-25-14 notes the claimant has unbearable pain from the neck extending into the right shoulder and right arm to elbow. On exam, the claimant has muscle guarding, positive right Spurling's test. The claimant has findings consistent with adhesive capsulitis, right frozen shoulder syndrome, and cervical radiculopathy. The claimant rates her pain as 3/10 with medications and 9/10 without medications. The claimant is currently not working. The claimant's current medications include Lyrica, Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patch 5% #30 QTY: 1 right shoulder Q D x 12 hours:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Lidoderm

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG, this medication is not a first-line treatment and is only FDA approved for post-herpetic neuralgia.

Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This claimant is being prescribed Lyrica and there is no documentation that she has failed first line of treatment or that she has the approved FDA indication for this medication, which is post herpetic neuralgia. Therefore, Lidocaine Patch 5% #30 quantity: 1 right shoulder every day x 12 hours is not medically necessary.