

<b>Case Number:</b>	CM14-0165655		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/27/2000
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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, Pain 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:

The injured worker is a 69-year-old female who reported an injury on 10/27/2000. The mechanism of injury was not stated. The current diagnoses include degenerative cervical disc disease, bilateral rotator cuff syndrome, myofascial pain syndrome, and carpal tunnel syndrome. Previous conservative treatment is noted to include physical therapy, medications, and trigger point injections. A Request for Authorization form was submitted on 09/15/2014 for lidocaine 5% patch. However, the latest physician progress report submitted for this review is documented on 06/05/2014. The injured worker presented with complaints of persistent neck pain radiating into the bilateral upper extremities. The injured worker noted a 60% improvement in symptoms following trigger point injections. The current medication regimen includes Flexeril, Norco, and Lidoderm 5% patch. Physical examination revealed discrete tender trigger points over the neck and posterior shoulders, and muscle twitch points. Treatment recommendations included continuation of the current medication regimen. The injured worker also underwent trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant, such as gabapentin or Lyrica. There is no documentation of a failure to respond to first line therapy. The injured worker had utilized lidocaine 5% patch since 06/2011 without any evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is not medically appropriate.

**NORCO 7.5/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.