

<b>Case Number:</b>	CM14-0118100		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male who suffered an industrial related injury on 12/21/09. A physician's report dated 2/11/14 noted complaints of bilateral shoulder pain, low back pain, left knee pain, and left knee weakness. The injured worker was status post 3 cortisone injections. Diagnoses included bilateral shoulder impingement syndrome, left shoulder rotator cuff syndrome, right shoulder internal derangement with tear calcific tendonitis/bursitis, lumbar disc syndrome, lumbar spine herniated nucleus pulposus, status post left knee arthroscopic surgery on 2/10/10, left knee lateral meniscus tear, left knee osteoarthritis/degenerative joint disease, left knee meniscus torn-medial, and gastroesophageal reflux disease. A physician's report dated 5/22/14 noted physical examination findings of diffuse tenderness noted to palpation over the lumbar paraspinal muscles, facet tenderness along the L3-S1 level, positive Kemp's test bilaterally and positive Farfan test. Lumbar spine range of motion was restricted. Left big toe extensor, left knee extensor, and left hip flexor muscle strength was slightly decreased. Diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and status post left knee arthropathy. A physician's report dated 6/11/14 noted the injured worker had received post-operative physical therapy. On 6/26/14 the utilization review (UR) physician denied the request for Lidoderm patches 5% #60. The UR physician noted the injured worker had complex and multifactorial history of non-neuropathic pain. A rationale or indication for this medication was not apparent from the medical records and guidelines. Therefore the request was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% on twelve hours and off twelve hours #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine topical analgesic Page(s): 56-57,111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

**Decision rationale:** The patient presents with left knee pain rated 4/10, lower back pain rated 10/10, and right shoulder pain rated 10/10. The request is for LIDODERM PATCHES 5/12HRS ON AND 12 HRS OFF #60. Physical examination 06/06/14 of the left knee revealed several surgical scars and pain elicitation upon motion, left quadriceps spasm was also noted. Physician also notes tenderness to palpation to the bilateral lumbar paraspinal muscles, and tenderness over the right rotator cuff with decreased range of motion, especially on flexion. The patient's current medication regimen is not provided. The patient is temporarily totally disabled. Diagnostic imaging included was not pertinent to chief complaint. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regards to the request of Lidoderm patches for the management of multiple pain complaints, the treater has not established that the pain is neuropathic in origin or indicated that first line therapies have been utilized. It is unclear if the Lidoderm patches are being prescribed for post-operative pain, chronic shoulder pain, or for lower back pain. While such patches are indicated by guidelines for the treatment of localized neuropathic peripheral pain, there is no evidence provided that this patient's pain complaints are neuropathic in their etiology. Furthermore, there is no evidence of first-line therapy utilization - such as anti-depressant or AED - or subsequent failure to provide benefits. Therefore, the request IS NOT medically necessary.