

<b>Case Number:</b>	CM14-0212507		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 66-year-old female with a date of injury on 01/13/2003. The mechanism of injury was an elevator malfunction. Past treatments included cortisone injections to the right shoulder, medications, activity modification, home exercise. Diagnostic studies include several MRIs of the right shoulder. On 08/21/2014, the injured worker presented for re-evaluation 5 months postoperative of a reverse total shoulder arthroplasty. She has completed physical therapy, but she does still complain of pain and weakness of the right shoulder. Upon physical examination, it showed 90 degrees of abduction and flexion. 45 degrees of internal and external rotation. The request is for lidocaine/hyaluronic patch 6%/2% cream. There was no authorization form included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Hyaluronic (Patch) 6% 2% Cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medication-Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** The request for Lidocaine/Hyaluronic (Patch) 6% 2% Cream is not medically necessary. The injured worker presented with continued pain and tenderness in her right shoulder following surgery. The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines state that the Lidoderm patch is the only topical form of lidocaine approved. The included medical documents did not indicate that the injured worker has not responded to or is intolerant to other treatments. The guidelines do not recommend topical lidocaine in any other form than the Lidoderm patch. The request does not indicate the frequency, dosage or the site at which the lidocaine/hyaluronic patch is to be applied. As such, the request is not medically necessary.