

<b>Case Number:</b>	CM14-0219233		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

The injured worker is a 70 year old male sustained an industrial injury reported on 2/13/2001. He has reported neck pain, lower backache and poor sleep. The diagnoses have included cervicalgia with cervical radiculopathy; olecranon bursitis; bicipital tenosynovitis; rotator cuff syndrome; osteoarthritis shoulder; tenosynovitis; and clinical carpal tunnel syndrome with normal nerve conduction studies. Treatments to date have included consultations; diagnostic laboratory and imaging studies; nerve conduction studies; 2 sessions of physical therapy for the cervical spine & 12 sessions of physical therapy for the shoulder; steroid injection therapy (with reaction); physical therapy; home exercise program; transcutaneous electrical nerve stimulation unit; and medication management. The injured worker was noted to be classified as permanent and stationary, not currently working/retired, and on vocational rehabilitation. Two separate claims, each with different and accepted body parts, are noted in the 11/20/2014 pain medicine progress report. On 12/8/2014 Utilization Review non-certified, for medical necessity, the request for Lidoderm Dis 5% #60 requested because it reduced his IT band pain by 50%, noting the MTUS Guidelines for chronic pain medical treatment, topical lidocaine, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Dis 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

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

**Decision rationale:** The 70 year old patient presents with daily pain and stiffness in neck and bilateral upper extremities along with persistent pain and swelling in the right elbow, as per progress report dated 11/21/14. The request is for LIDODERM DIS 5% # 60. The RFA for this case is dated 12/02/14. The date of injury is 02/13/01. The patient's diagnoses, as per report dated 11/21/14, includes cervical spondylosis with radicular symptoms, bilateral shoulder tendinitis, right olecranon bursitis, left shoulder arthritis, bilateral medial and lateral epicondylitis, wrist and arm myofascitis, and carpal tunnel syndrome. Medications, as per progress report dated 11/20/14, include Tizanidine, Percocet, Neurontin, Ibuprofen, Lidoderm patch, Pennsaid solution, and Terocin lotion. In progress report dated 10/30/14, the patient rates his pain as 6/10 with medications and 7/10 without medications. The patient is currently not working, as per the same progress report. MTUS 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)." MTUS 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 documenting pain and function. In this case, a prescription for Lidoderm patch is first noted in progress report dated 05/29/14, and the patient has been using the patch consistently at least since then. In progress report dated 11/20/14, the treater states that the Lidoderm patch helps with the patient's IT band pain and notes 50% reduction in pain with its use and can continue HEP. While the treater documents the efficacy of the patch, there is no indication of peripheral neuropathic pain for which Lidoderm is indicated. Hence, the request IS NOT medically necessary.