

<b>Case Number:</b>	CM15-0118109		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old female who reported an industrial injury on 7/20/2012. Her diagnoses, and/or impressions, are noted to include: cervical spine trapezius sprain/strain with Cervico-trapezial and myofascial pain; right cubital tunnel syndrome and ulnar neuritis and status-post right carpal tunnel release; near full-thickness tear of the supra-spinatus tendon with partial-thickness tear of the sub-scapularis tendon, moderate-severe impingement syndrome of the right shoulder, status-post surgery; and medial epicondylitis of the right elbow. No current imaging studies are noted. Her treatments are noted to include right shoulder debridement/decompression; medication management; and return to modified work duties. The progress notes of 5/7/2015 were hand written and mostly illegible. Reports of seeing a doctor for right shoulder pain, and continued complaints of constant versus on/off, moderate right elbow and right shoulder pain were noted. Objective findings were noted to include tenderness and painful range-of-motion to the right shoulder, right elbow and cervical spine; and positive compression test of the cervical spine. The physician's requests for treatments were noted to include the continuation of Lidoderm Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** This claimant was injured in 2012. Her diagnoses, and/or impressions, are noted to include: cervical spine trapezius sprain/strain with Cervico-trapezial and myofascial pain; right cubital tunnel syndrome and ulnar neuritis and status-post right carpal tunnel release; near full-thickness tear of the supraspinatus tendon with partial-thickness tear of the sub-scapularis tendon, moderate-severe impingement syndrome of the right shoulder, status-post surgery; and medial epicondylitis of the right elbow. Objective findings were noted to include tenderness and painful range-of-motion to the right shoulder, right elbow and cervical spine; and positive compression test of the cervical spine. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was not medically necessary and appropriately non-certified under MTUS.