

<b>Case Number:</b>	CM15-0125558		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	09/21/2001
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63-year-old male who sustained an industrial injury on 09/21/2001. The injured worker was diagnosed with lumbar disc displacement without myelopathy, sciatica, lumbosacral radiculitis, shoulder impingement and carpal tunnel syndrome. The injured worker is status post right shoulder arthroscopy with superior labral anterior posterior (SLAP) repair with distal clavicular excision in 2005. Treatment to date has included diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on May 20, 2015, the injured worker continues to experience right shoulder and low back pain. The injured worker has had flare-ups of the right shoulder pain. Examination demonstrated tenderness at the right anterior shoulder girdle with full range of motion. There was documented decreased in lumbar range of motion in all planes. Current medications are listed as Celebrex and Lidoderm Patches. Treatment plan consists of continuing medications as prescribed and the current request for Lidoderm Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic), Lidoderm patches.

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

**Decision rationale:** According to MTUS guidelines, "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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches #90 is not medically necessary.