

<b>Case Number:</b>	CM15-0129148		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/06/1998
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63-year-old female who sustained a work related injury October 6, 1998. While working as a teacher, she experienced right shoulder arm and wrist pain, after preparing materials for a school bulletin board. According to a physician's progress notes, dated May 19, 2015, the injured worker presented to the clinic for a follow-up with complaints of right shoulder and bilateral hand pain. She reports the pain 4-5 out of 10, as burning intermittent pain located in her bilateral neck, which radiates down her arms and shoulder blade, worse on the right side, with intermittent numbness. She also reports being on a recent Hawaiian vacation and traveling over lava rock in a jeep, causing an exacerbation of pain. She attends massage therapy twice a week reducing her pain. She uses Tramadol and a heating pad for pain and recently tried Lidoderm patches, which helped more than previous treatments and would like a prescription. Examination of the neck and shoulder; diffuse discomfort over the trapezius muscle, more on the right, and significant muscle spasm of the trapezius muscle bilaterally. The range of motion of the neck is 75% of normal on rotation and shoulder range of motion is preserved. Diagnoses are myalgia and myositis, unspecified; spasm of the muscle; carpal tunnel syndrome. At issue, is the request for authorization 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% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations prior to the currently prescribed Lidoderm. Additionally, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.