

<b>Case Number:</b>	CM15-0144975		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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

### 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(n) 69 year old female, who sustained an industrial injury on 7-9-09. The injured worker was diagnosed as having left shoulder sprain, left elbow pain and left arm pain. Subjective findings (4-10-15, 5-22-15) indicated 5-6 out of 10 bilateral shoulder pain. Objective findings (4-10-15, 5-22-15) revealed tenderness to palpation in the bilateral shoulders. As of the PR2 dated 7-1-15, the injured worker reports 8 out of 10 bilateral shoulder pain. Objective findings include tenderness to palpation over the bilateral shoulders and swelling in the shoulders. The injured worker is going to start acupuncture. Treatment to date has included Valium, Soma and Lidoderm patches (started on 7-1-15). The Utilization Review dated 7-10-15, modified the request for Lidoderm patches 5% #30 x 2 refills to Lidoderm patches 5% #30 x 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30, with 2 refills (apply 1-2 topically to affected area, 12 hours on, 12 hours off, Rx date 7/1/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** The current request is for Lidoderm patches 5% #30, with 2 refills (apply 1-2 topically to affected area, 12 hours on, 12 hours off, Rx date 7/1/15). The RFA is dated 07/01/15. Treatment history has included TENS, toradol injection, home exercise program, acupuncture, icing, heat therapy, and medications. The patient is off work. MTUS Guidelines, Topical Analgesics section, page 112 has the following under Lidocaine Indication: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain. MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 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 Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per report 07/01/15, the patient reported bilateral shoulder pain, rated 8/10. Objective findings included tenderness to palpation over the bilateral shoulders and some swelling in the shoulders. The patient was instructed to start acupuncture, and given a prescription for Lidoderm patches to be applied to the affected area. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. However, this patient presents with tenderness in the bilateral shoulders. Without evidence of an existing condition for which topical Lidocaine is considered, the request cannot be supported. Therefore, the request IS NOT medically necessary.