

<b>Case Number:</b>	CM15-0178280		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on January 17, 2012. The injured worker was being treated for pain in joint-bilateral shoulders; status post left shoulder arthroscopic acromioplasty and limited debridement in 2012, carpal tunnel syndrome, status post right carpal tunnel release in 2007, and right lateral epicondylitis. Medical records (to August 20, 2015) indicate ongoing left shoulder pain and right shoulder pain with radiation and increased tenderness of the first and second digits of the right hand. The right shoulder pain has increased. Associated symptoms include inflammation, tenderness to palpation, and difficulty with grip strength. Pushing, pulling, and lifting aggravate her pain and the pain improves with rest and medication. The physical exam (May 18, 2015 to June 18, 2015) reveals pain with internal and external rotation of bilateral shoulders and forward flexion of 80 degrees. The physical exam (August 20, 2015) reveals tenderness around the shoulders, swelling of the second digit of the right hand, tenderness to palpation of the right digits, a well-healed carpal tunnel release scar, and right hand grip is rated 4 out of 5. On August 13, 2013, an MRI of the left shoulder revealed mild-moderate supraspinatus tendinosis and mild acromioclavicular joint arthrosis. On November 29, 2013, an MRI of the right shoulder revealed supraspinatus and infraspinatus tendinosis, biceps-labral complex and superior labral degeneration and fraying, and posterior labral tear. On July 31, 2014, electromyography and nerve conduction studies revealed no abnormal findings. Treatment has included acupuncture with benefit, physical therapy without improvement, work restrictions, and medications including topical pain (Lidoderm patches 5% since at least August 2015), proton pump inhibitor (Protonix), and non-steroidal

anti-inflammatory (Relafen). Per the treating physician (August 20, 2015 report), the injured is to continue full duty without restrictions. On August 24, 2015, the requested treatments included Lidoderm patches 5% #30. On August 26, 2015, the original utilization review non-certified a request for Lidoderm patches 5% #30.

### **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 Medical Treatment 2009.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient has upper extremity pain symptoms. There is no documentation of failure of first line neuropathic pain medications. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.