

<b>Case Number:</b>	CM15-0043524		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 54 year old female with a June 30, 2013 date of injury. A progress note dated February 23, 2015 documents subjective findings (chronic mid back pain; chronic pain of the right shoulder and right arm), objective findings (current and average pain rated at a level of 7/10; affective pain rated at a level of 5/10; function rated at a level of 6/10; sleep rated at a level of 7/10; support rated at a level of 8/10; tenderness to palpation over the dorsolateral shoulder; severe pain with attempts to lift above shoulder level), and current diagnoses (chronic right shoulder pain with degenerative osteoarthritis; chronic right shoulder pain with myofascial pain syndrome; pain disorder with psychological/general medical condition; persistent insomnia due to chronic pain; chronic mid back pain with degenerative thoracic spondylosis). Treatments to date have included medications and imaging studies. The medical record identifies that medications offer partial pain relief and functional improvement for driving, sitting, walking, lifting, activities of daily living, and working. The treating physician documented a plan of care that included Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches #30:** Upheld

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

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

**Decision rationale:** Lidoderm Patches #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidoderm Patches is not medically necessary