

<b>Case Number:</b>	CM15-0061328		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Hawaii  
 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:

This 46 year old female sustained an industrial injury neck and right shoulder on 5/1/10. Previous treatment included magnetic resonance imaging, physical therapy, spinal cord stimulator, transcutaneous electrical nerve stimulator unit, massage, epidural steroid injections, home exercise and medications. In a PR-2 dated 2/3/15, the injured worker complained of pain to the neck and right shoulder pain with radiation into the right arm, rated 10/10 on the visual analog scale without medications and 2/10 with medications. Current diagnoses included depression, bilateral temporomandibular joint syndrome, migraines, neck pain, neuropathy, peripheral neuropathy, myalgia and myositis and other syndromes affecting the cervical region. The treatment plan included renewing medications (MS Contin, Oxycodone, Promethazine, Diclofenac sodium) and continuing home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patd 5% Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57-58, 112.

**Decision rationale:** The patient presents with neck and right shoulder pain which radiates into the right upper extremity. The current request is for Lidocaine patch 5% Qty 30. The treating physician states, "the medications prescribed are keeping the patient functional, allowing for increased mobility." (37B) The MTUS guidelines state, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." The MTUS guidelines go onto state, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." In this case, the treating physician has documented that the patient is experiencing neuropathic pain and that the patches are able to help the patient perform ADLs. The current request is medically necessary and the recommendation is for authorization.