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| <b>Case Number:</b>   | CM15-0075039 |                              |            |
| <b>Date Assigned:</b> | 04/24/2015   | <b>Date of Injury:</b>       | 07/27/2012 |
| <b>Decision Date:</b> | 06/18/2015   | <b>UR Denial Date:</b>       | 04/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/20/2015 |

### 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: Emergency 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:

The injured worker is a 65 year old male, who sustained an industrial injury on 7/27/2012. He reported right shoulder pain. The injured worker was diagnosed as having right shoulder pain status post-surgery, complete rotator cuff tear, AC joint arthritis, and right cervical radiculitis. Treatment to date has included medications, heat, cold, home exercises. The requested treatment is for: Lidoderm patches, and magnetic resonance imaging of the right shoulder. The records indicate a magnetic resonance imaging of the right shoulder was completed on 12/4/2014, which revealed a complete tear of the supraspinatus tendon. On 2/2/2015, Lidoderm patches are listed as a current medication. The records do not indicate the dosage, quantity, duration, or site of application for the Lidoderm patches. The records indicated he had side effects while on Cymbalta, however the side effects are not described. On 3/16/2015, he complained of right shoulder pain that is sharp, burning, throbbing, pins and needles, tingling and numbness. He rated his pain intensity as 9/10, and reported it being brought on with activity and improved by medications, heat and cold. He is noted to be tender over the right AC joint and superolateral aspect of the shoulder. Range of motion is noted to be 160 degrees flexion, and 140 degrees abduction, and an impingement test is positive and adduction test is positive. The treatment plan included surgical consultation, magnetic resonance imaging of the cervical spine, Naproxen, Norco, and continuation of TENS, heat and ice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% to apply every 12 hours on/off #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's cervical radiculopathy. There is no documentation of failure of other 1st line medication for radicular/neuropathic pain. Patient has documented subjective claims of improvement on lidoderm. Due to lack of documentation of failure of 1st line agents and no documented objective improvement, Lidoderm patch is not medically necessary.

**MRI right shoulder to rule out adhesive capsulitis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Shoulder, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no recent change in exam. Dysfunction is chronic. Progress notes specifically states that there is no plan for surgery and that patient is not a surgical candidate. Patient had prior MRI done. MRI of right shoulder is not medically necessary.