

<b>Case Number:</b>	CM15-0092037		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic back, neck, and shoulder pain reportedly associated with an industrial contusion injury of July 9, 2014. In a Utilization Review report dated May 12, 2015, the claims administrator approved a request for Celebrex and Zanaflex while denying a request for topical Lidoderm patches. An April 27, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant was placed off of work, on total temporary disability, following earlier shoulder surgery of December 17, 2014. Postoperative physical therapy was endorsed. On April 27, 2015, the applicant reported ongoing complaints of neck, shoulder, low back, and hip pain, 4-9/10, exacerbated by sitting, standing, and/or negotiating stairs. A rather proscriptive 5-pound lifting limitation was endorsed. The attending provider suggested that the applicant wean off of gabapentin owing to depression as side effect experienced with the same. Celebrex was also endorsed in favor of previously provided ibuprofen on the grounds that the applicant had developed issues with dyspepsia with the same. Zanaflex was introduced. Topical Terocin patches, a TENS unit trial, and Lidoderm patches were endorsed. A 5-pound lifting limitation was also imposed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The request for Lidoderm patches was seemingly framed as a first-time request, it was suggested (but not clearly stated). Gabapentin was prescribed on an earlier note dated April 15, 2015. Progress notes of April 10, 2015 and March 27, 2015 made no mention of medication selection or medication efficacy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch 4%, QTY: 10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Yes, the request for topical Lidoderm patches was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, the applicant was described on April 27, 2015 as having experienced side effects with gabapentin, which included blurred vision and dizziness. Introduction of topical Lidocaine patches was, thus, indicated, given the side effects reported with previously prescribed gabapentin. Therefore, the first-time request for Lidoderm patches was medically necessary.