MAXIMUS Federal Services

| Case Number: | CM14-0155825 | | |
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| Date Assigned: | 09/25/2014 | Date of Injury: | 10/15/2013 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

## 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 62-year-old female with a 10/15/13 date of injury. The mechanism of injury was not included. The documentation indicated that the patient was seen by an orthopedic surgeon. Progress notes from 3/3/14 to 5/12/14 stated that the patient complained of a persistent 8-10/10 right shoulder pain and was on lidocaine patches, nabumetone, and Tylenol. The progress note dated 5/12/14 noted that abduction of the right shoulder greater than 90 degrees caused pain. No subjective description of the shoulder pain or additional physical exam findings were included in the progress notes submitted. The patient's diagnoses included a full thickness right rotator cuff tear, complete biceps tendon tear, subacromial impingement, and delamination tear of the subscapularis tendon. On 7/25/14, the patient underwent a mini open rotator cuff repair and an arthroscopic subacromial decompression. The patient was followed up on 8/25/14, when the patient complained of right shoulder pain, ranging from 3/10 to 5.5/10. It was noted that the pain was mostly due to muscle soreness. Exam findings revealed flexion of the right shoulder to 90 degrees. The patient's medications included Ibuprofen and nabumetone, but no lidocaine was noted. The rest of the note was illegible. Treatment to date: medications, injections, mini open rotator cuff repair (7/25/14), arthroscopic subacromial decompression, pain pump catheterAn adverse determination was received on 9/2/14 due to the lack of documentation of the indication for which Lidoderm patches are being prescribed, and no records indicating a history of symptomatic complaints of objective findings consistent with a localized, peripheral neuropathic pain condition.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% (700mg) PS QTY: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

**Decision rationale:** CA MTUS states 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. This patient had persistent 8-10/10 right shoulder pain since at least 3/2014 despite being on lidocaine patches. The patient underwent a mini open rotator cuff repair and an arthroscopic subacromial decompression on 7/25/14 for a full thickness right rotator cuff tear. The right shoulder pain decreased from 8-10/10 to 3-5.5/10 at the most recent visit on 8/25/14. There was no documentation of lidocaine patch use at that visit. The progress notes did not include a clear subjective description or sufficient physical exam findings of the patient's shoulder pain to demonstrate a localized peripheral pain. There was also no documentation of any significant improvement in pain (i.e. via VAS) or functional gains while using a lidocaine patch to warrant non-adherence with guideline recommendations. In addition, there was no evidence of any previous trials of first-line therapy (i.e. tri-cyclic, SNRI anti-depressants, etc.). Furthermore, it was unclear if the patient was still using lidocaine patches or even required them given that the 8/25/14 post-operative note demonstrated a significant decrease in pain level, and no lidocaine patch use was noted. Therefore, the request for Lidocaine 5% (700mg) PS, #90, was not medically necessary.