

<b>Case Number:</b>	CM13-0043175		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2000
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 physician 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:

The patient is a 58-year-old male who reported a work-related injury on 02/07/2000 as result of strain to the lumbar spine. The patient is status post placement of a permanent spinal cord stimulator as of 07/09/2013. The patient presents for treatment of the following diagnosis, post-laminectomy syndrome of the lumbar spine. The clinical note dated 09/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient was seen for refill of medications, removal of staples status post permanent spinal cord stimulator implant, and reprogramming of the stimulator. The patient reports excellent stimulation and reports relief of pain. The provider documents the patient utilizes the following medications: docusate sodium 1 to 3 tablets by mouth 3 times a day, hydrocodone/acetaminophen 10/325 mg 1 tablet by mouth 4 times a day, lidocaine topical analgesic 1 gram to affected area 3 times a day, and oxycodone 20 mg extended release 1 tablet by mouth 3 times a day. The provider documented upon physical exam of the patient, the patient presented with an antalgic gait; pain and difficulty with transferring from sit to stand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LMX 5: Lidocaine 5% cream:** Upheld

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

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient continues to present with chronic lumbar spine pain complaints status post a work-related injury sustained in 2000. The provider is recommending the patient utilize topical lidocaine; however, California Medical Treatment Utilization Schedule (MTUS) indicates no other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels are supported for neuropathic pain. In addition, the clinical notes fail to document the patient's significant reports of efficacy with specific utilization of this topical analgesic as noted by decrease in rate of pain on a visual analogue scale (VAS) and increase in objective functionality. As California MTUS does not support topical applications of lidocaine, the request for LMX 5: Lidocaine 5% cream, #4 is not medically necessary or appropriate.