

<b>Case Number:</b>	CM13-0047506		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	08/12/1998
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

The patient is an employee of [REDACTED] and has filed a claim for lumbar intervertebral disk degeneration associated with an industrial injury date of August 12, 1998. Utilization review from October 24, 2013 denied the request for Lido Gel due to no physical exam findings to warrant topical medication and no failure of oral pain medications. Treatment the date has included massage therapy, physical therapy, acupuncture, chiropractic treatment, home exercise program, and oral pain medications. Medical records from 2013 through 2014 were reviewed showing the patient complaining of chronic low back pain. There is also associated right gluteal pain and radicular pain down the right hip and leg the mid calf area. Symptoms to affect her mobility and activities of daily living. The pain is rated at 7-8/10. On examination, the patient's lumbar spine had moderate restriction in range of motion due to pain. The paravertebral muscles were noted to be tender. Spasms were also noted. Multiple myofascial trigger points were also noted. Motor strength exam was limited by pain. There was decreased pinprick sensation over the lateral calf on the right side. The patient discussed not wanting to take oral pain medications due to having enough medications to take as it is. Lidocaine cream was noted to be helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE LIDO GEL FOR DOS 10/1/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Topical Lidocaine..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The California MTUS only supports Lidocaine topical in a transdermal formulation. In this case, the patient complains of chronic low back pain. The patient has been using Lidocaine cream since October, 2013. However, the use of this topical medication is not supported according to guidelines. Therefore, the request for Lido Gel is not medically necessary.