

<b>Case Number:</b>	CM13-0048660		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/24/2008
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 39-year-old male who reported an injury on 11/24/2008. The mechanism of injury was reported that the patient was carrying a 100 pound bag of sugar to the beehives when he experienced an acute onset of neck and left upper trapezius pain. The patient was diagnosed with cervical spine disc herniation with canal stenosis, cervical radiculopathy, retrolisthesis at C4-5 and C5-6, neural foraminal narrowing at right C5-6, cervical myelopathy, degenerative disc disease of cervical spine, lumbar radiculopathy, herniated nucleus pulposus of thoracic spine, canal stenosis of the thoracic spine with cord distortion, and chronic low back pain. The patient continued to complain of neck pain rated at a 7/10. The patient reported occasional numbness in his hands. The patient also reported mid back pain and low back pain rated 3/10. The patient continued to work in a modified capacity. The patient underwent a cervical spine epidural injection in the past; however, this caused him to have increased pain lasting for approximately 2 years. The patient underwent medial branch blocks on 03/16/2012 and on 03/25/2012. The patient underwent a rhizotomy on 07/20/2012. The patient is taking Percocet. The patient has decreased range of motion with the cervical spine, thoracic spine, and lumbar spine. The patient had diminished sensation, a positive Hoffmann's test bilaterally, and 5/5 bilateral upper and bilateral lower extremity motor strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido-Pro cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines state lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The patient continued to complain of pain to the neck, thoracic spine, and low back. However, CA MTUS does not recommend Lido-pro cream. Given the lack of documentation to support guideline criteria, the request is noncertified.

**Percoet 10/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (non-adherent) drug-related behaviors. The monitoring of these outcomes should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. The patient continues to complain of neck pain, thoracic pain, and low back pain. However, no objective clinical documentation was submitted for review indicating a decrease in the patient's pain, or an increase in the patient's functioning level. Given the lack of documentation to support guideline criteria, the request is noncertified