

<b>Case Number:</b>	CM13-0049950		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 56-year-old female who reported injury on 03/01/2004. The mechanism of injury was not provided. The patient was noted to have pain of a 7/10 in her neck and both legs. The patient's diagnoses were noted to be depressive disorder and chronic pain syndrome associated with both psychological factors and a general medical condition. The request was made for a 3% lidocaine preparation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 3%:** Upheld

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

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

**Decision rationale:** California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are

indicated for neuropathic pain. Topical lidocaine is FDA approved for a Lidoderm patch and no other commercially approved topical formulations of lidocaine including creams are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide the patient had trialed first line therapy and failed to indicate the patient had neuropathic pain. There was a lack of documentation indicating a quantity for the 3% topical. Given the above, the request for lidocaine 3% #1 is not medically necessary..