

<b>Case Number:</b>	CM13-0055499		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 emergency Medicine and is licensed to practice in New York and Tennessee. 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 was injured on July 3, 2007. The patient continues to experience severe low back and bilateral lower extremity pain. Physical examination showed 3/5 strength in the left lower extremity compared to 3-4/5 on the right lower extremity, and decreased sensation to pinprick on right L5, right S1, left L4, left L5, and left S1. Diagnoses included post-laminectomy syndrome, lumbar stenosis, and lumbar radiculopathy. Request for authorization for Lidocaine cream was submitted on October 1, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**requested treatment for 1 prescription of Lidocaine HCL 3% cream #2 bottles:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. Further research is needed to recommend this treatment for

chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical Lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas and left the products on for long periods of time. Systemic exposure was highly variable. Topical Lidocaine is not indicated for non-neuropathic pain. In this case the patient's pain has not been defined as neuropathic. In addition, it is difficult to control the absorption of the Lidocaine with the application of a Lidocaine. There is no controlled release of the product. There is no evidence to support the use of Lidocaine cream as an analgesic and the risk of adverse affects is higher than controlled release patches. The medication is not medically necessary.