

<b>Case Number:</b>	CM13-0056327		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/05/2004
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine and Rehabilitation 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 a 66 year old male who was injured on 05/05/2004. The mechanism of injury is unknown. Prior treatment history has included that the patient underwent C6-C7 corpectomy, C5-C6 discectomy, removal of OPLL, microsurgical dissection, fusion after vertebrectomy with a C5-C7 anterior cervical plate on 10/08/2013. The patient has undergone physical therapy and has taken Vicodin. Diagnostic studies reviewed include an X-ray of the cervical spine, single cross table lateral view, dated 10/08/2013 demonstrating instrumentation anterior to the C4-C5 level. There was an x-ray of the cervical spine taken 10/08/2013 in the operating room status post anterior cervical discectomy and fusion from C5-C7. Difficult to see from the C5 level inferiorly fur to the patient's shoulders, however, alignment appears appropriate. A cervical spine flexion/extension x-ray performed on 12/06/2013 revealing status post anterior plate and screw spinal fusion from C5-C7 with apparent bony fusion at these levels and no evidence of hardware failure or loosening. There is (less than 2 mm) anterolisthesis of C4 on C5 which is only evident on flexion view. Progress note dated 12/06/2013 documented the patient is status post resection of OPLL. No major changes. The left arm is still withered. He has some problems with the left leg but thinks he might be slightly better. X-rays show the bone graft and plate in good position. Start post-op physical therapy. Follow up in six to eight weeks. Prior Utilization Review dated 11/15/2013 denied the request for Terocin #20 and LidoPro lotion as both drugs did not meet the current guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO LOTION BETWEEN 9/11/2013 AND 1/13/2014: Upheld**

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

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

**Decision rationale:** According MTUS Guidelines, the only formulation of topical lidocaine that is approved for use for the treatment of neuropathic pain is a transdermal patch (Lidoderm). All other formulations of lidocaine are only indicated for pruritus and local anesthesia. The medical records indicate that the patient has neuropathic pain. Based on the documentation, the request is non-certified.

**1 prescription of Terocin #20 between 9/11/2013 and 1/13/14: Upheld**

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

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

**Decision rationale:** The CA MTUS recommends topical analgesics as second line treatment for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It also states that these drugs are largely experimental in use with few randomized controlled trials to determine efficacy or safety and recommended as an option. The medical records did not document any prior trial of antidepressants and anticonvulsants. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.