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| <b>Case Number:</b>   | CM13-0061840 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 12/15/1997 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 11/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2013 |

### 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 Medicine and is licensed to practice in 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 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 injured worker is a 54 year old male injured on 12/15/97 while performing his duties as an auto mechanic and struck his wrist against an object resulting in an undisclosed specific injury. Documentation indicates the injured worker was diagnosed with right lateral epicondylitis and ganglion of the joint requiring multiple steroid injections to the right upper extremity and surgical intervention. The current diagnoses include wrist/carpal tunnel syndrome, elbow pain/right lateral epicondylitis, and mood disorder. The clinical note dated 10/18/13 indicates the injured worker presented with complaints of increased pain since prior visit. The injured worker reports activity level has remained unchanged. There were no specific complaints listed for review. The injured worker reports pain at 6/10 without medication and 2/10 with the use of medication which allows the injured worker to perform activities which include cook, get groceries, and perform activities of daily living. The current medications include Oxycodone 15mg bid and Lidocaine 3% cream. The initial request for 2 Lidocaine 3% cream was initially not medically necessary on 11/22/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE 3% CREAM X 2:** Upheld

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

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, lidocaine is readily available in an over-the-counter formulation. As such, the request for 2 lidocaine 3% cream cannot be recommended as medically necessary.