

<b>Case Number:</b>	CM13-0071343		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/26/2006
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Illinois. 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 61 year old male who reported an injury on 05/26/2006 secondary to a fall. The injured worker was evaluated on 11/25/2013 and reported 9/10 ongoing pain in the low back, right leg, left posterior thigh, bilateral feet, and left wrist. On physical exam, he was noted to have plantar motor strength values of 3/5 on the right and 4/5 on the left. Medications were noted to include: Lidocaine 5% ointment, Norco, Flexeril, Tramadol, Acetadryl, and Ibuprofen. The injured worker has used Lidocaine 5% ointment since at least 11/21/2012 according to the documentation submitted for review. The injured worker was noted to have previously undergone two right knee arthroscopies and two left forearm surgeries as well as a lumbar fusion on unknown dates. The injured worker was seen by a psychotherapist on 11/27/2013 and stated that his medications helped only minimally. The injured worker has been recommended for Lidocaine 5% #100. The documentation submitted for review failed to provide a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE 5% #100:** 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): 111-112.

**Decision rationale:** The request for Lidocaine 5% #100 is not medically necessary. California MTUS Guidelines recommend topical Lidocaine in the formulation of Lidoderm dermal patches for neuropathic pain after there has been evidence of a trial of first-line therapy to include anti-depressants or anti-convulsants. There is no documented evidence that the injured worker has been treated with a trial of first-line medication therapy. Additionally, the only form of topical Lidocaine supported by evidence-based guidelines is a Lidoderm patch. Therefore, Lidocaine 5% ointment is not supported. Furthermore, the injured worker has used Lidocaine 5% ointment since at least 11/21/2012 and reported that it helps only minimally. There is a lack of documented evidence to indicate that the injured worker has achieved significant quantifiable pain relief with the use of this medication. As such, the request for Lidocaine 5% #100 is not medically necessary.