

<b>Case Number:</b>	CM14-0017628		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	05/19/2000
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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, Pain Medicine, and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 05/19/2000. A pain management evaluation was conducted on 11/21/2013 and the injured worker reported low back pain. The injured worker is status post L4-5 disc replacement, C4-5 and C5-6 disc derangements, reactive depression, sleep impairment related to pain, fibromyalgia, hypogonadism, complex regional pain syndrome (CRPS), facet syndrome lumbar, pain T9-10 midline with contiguous muscle triggers to the right. Objective findings are muscle triggers cervical, occipital, periscapular, iliacs, upper gluteals diminished in severity. Lumbar range of motion is 60% flexion and 30% extension. The plan is to continue Topamax 100mg at night, Cymbalta 90mg daily and theraband exercises to preserve muscle tone in upper and lower extremities along with stretching. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment dated 10/24/2013 was received on 01/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR IV-RAC 23 LIDOCAINE VITAMIN TREATMENT:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine. Decision based on Non-MTUS Citation Blue cross blue shield, NC.

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

**Decision rationale:** The injured worker has a history of low back pain with medication management and L4-5 disc replacement and C4-5, C5-6 disc derangements. Upon physical examination on 11/21/2013 the injured worker has muscle triggers. The injured worker continues on medications with instructions to strengthen muscles and stretch. The request for Lidocaine Vitamin Treatment does not meet the MTUS chronic pain medical treatment guidelines section 9792.20-9792.26. The MTUS guidelines state that for non-neuropathic pain Lidocaine is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. In addition, it appears the injured worker has undergone prior lidocaine infusions with 50% pain relief. However, the date of service and duration of relief are not well defined within the available records. Therefore, the request for this Lidocaine Vitamin Treatment is non-certified.