

<b>Case Number:</b>	CM14-0130405		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/19/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Occupational Medicine 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 68-year-old female who has submitted a claim for lumbosacral spondylosis associated with an industrial injury date of August 19, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain. Examination noted that there was tenderness in the neck and low back, diminished sensation to pin prick and temperature in the left foot and right lower extremity in an L4, L5 and S1 distribution. In addition, it was noted that there were diminished reflexes in the bilateral knee and ankle. Treatment to date has included medications (including amitriptyline and gabapentin since at least October 2013), physical therapy, and lumbar epidural steroid injection. Utilization review from July 28, 2014 denied the request for 60 Lidocaine Pads 5% because the guidelines do not recommend its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Lidocaine Pads 5%:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidocaine , Page(s): 56-57,.

**Decision rationale:** Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient presented with signs of localized peripheral neuropathy such as diminished sensation to pin prick and temperature in the left foot and right lower extremity in an L4, L5 and S1 distribution and diminished reflexes in the bilateral knee and ankle. A note dated October 23, 2013 also mentioned that the patient was using gabapentin for chronic pain and amitriptyline for depression, which are first-line therapy for localized peripheral pain. The patient had satisfied the criteria for use of topical lidocaine. Therefore, the request for 60 Lidocaine Pads 5% is medically necessary.