

<b>Case Number:</b>	CM14-0038732		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/28/1999
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Physical Medicine & Rehab 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 injured worker is a 64-year-old female who reported an injury on 01/28/1999. The mechanism of injury was not stated. Current diagnoses include lumbar disc displacement, postlaminectomy syndrome, lumbar radiculopathy, and low back pain. The latest Physician's Progress Report submitted for this review is documented on 02/25/2014. The injured worker reported persistent lower back pain. Previous conservative treatment includes NSAIDs, ice/heat therapy, and lumbar epidural steroid injections. The injured worker has also been previously treated with a course of physical therapy. Physical examination revealed no acute distress, a normal gait, 2+ paralumbar spasm and tenderness, atrophy in the quadricep, limited lumbar range of motion, positive straight leg raising, absent lower extremity deep tendon reflexes, decreased sensation to light touch in the right lower extremity, and normal motor strength of the lower extremities. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED lidocaine/hyaluonic(patch)6%0.2crm Quantity:120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

**Decision rationale:** California MTUS Guidelines state Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulation of Lidocaine (cream, lotion, or gel) is indicated for neuropathic pain. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Gab/lid/aloe/cap/men/cam(patch)10%2%.025%10%5%gel quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounding medications Page(s): 71.

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

**Decision rationale:** California MTUS Guideline state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not medically necessary. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Therefore, the current request is not medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.