

<b>Case Number:</b>	CM14-0045109		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and jaw pain reportedly associated with an industrial injury of March 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated March 20, 2014, the claims administrator denied a request for viscous lidocaine. The claims administrator cited page 112 of the MTUS Chronic Pain Medical Treatment Guidelines in its denial. The applicant's attorney subsequently appealed. On February 19, 2014, the applicant was described as having persistent complaints of neck and low back pain. The applicant was grinding his teeth at night. The applicant was apparently given viscous lidocaine for teeth pain. The applicant was placed off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscous Lidocaine 100cc/30 day 2%:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 111-112.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference, Viscous Lidocaine Medication Guide.

**Decision rationale:** The MTUS does not address the topic of viscous lidocaine. As noted by the Physicians' Desk Reference (PDR), viscous lidocaine is indicated in the production of topical analgesia of irritated or inflamed mucous membranes of the mouth and pharynx. In this case, the attending provider has posited that the applicant has developed pain about the gums, apparently owing to grinding of the teeth. Introduction of viscous lidocaine to combat the same was indicated. Therefore, the request was medically necessary.