

<b>Case Number:</b>	CM14-0055973		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Internal Medicine & Emergency 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:

This patient is a 44 year-old with a date of injury of 04/01/09. A progress report associated with the request for services, dated 04/01/14, lacked a chief complaint but apparently was suffering from neck pain. Objective findings included scalp tenderness. There was no pain elicited by range of motion. There was also tenderness to palpation of the thoracic spine and sacrum. Diagnoses included cervical strain; migraine headaches; rib fractures with persistent pain; post-concussion syndrome; and lumbar degenerative disease. Treatment had included NSAIDs, an antidepressant, a topical analgesic, and an anti-seizure agent. A Utilization Review determination was rendered on 04/14/14 recommending non-certification of Lidocaine Liquid 4% #30cc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Liquid 4% #30cc:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is a topical anesthetic. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The Guidelines further state: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in this case, there is no demonstrated medical necessity for lidocaine with this type of formulation. Likewise, there is no documentation of the functional improvement for the medical necessity of lidocaine topical. The request is not medically necessary.