

<b>Case Number:</b>	CM14-0074253		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/27/1992
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 & Rehabilitation, 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 78-year-old male with a reported date of injury on 04/27/1992. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include history of multiple lumbar surgeries, intractable lumbar pain, lumbar radiculopathy, status post spinal cord stimulator implantation with dead battery, and depression and anxiety. His previous treatments were noted to include physical therapy, radiofrequency ablation, intrathecal pump placement, spinal cord stimulation, and medications. The progress note dated 04/08/2014 revealed the injured worker utilized a cane for ambulation and had an increase in his level of pain and symptoms related to the dead battery. The injured worker reported he was not getting help from his stimulator and needed a battery change. The physical examination revealed spasms and tenderness of the lumbar spine with decreased range of motion. The Request for Authorization form was not submitted within the medical records. The request is for Lidocaine #60, 30 day supply. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine #60 30 Day Supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Lidocaine #60, 30 day supply, is not medically necessary. The injured worker has been utilizing this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines recommend topical Lidocaine for localized peripheral pain after there has been evidence of a first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a Dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There is a lack of documentation regarding efficacy of this medication on a numerical scale. Additionally, the request failed to provide the formulation and frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.