MAXIMUS Federal Services

Case Number:	CM14-0174815		
Date Assigned:	10/28/2014	Date of Injury:	04/29/2009
Decision Date:	01/12/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 53 year old male with an injury date of 04/29/09. Based on the 08/18/14 report, the patient complains of constant low back pain with radiation to the bilateral lower extremities. The pain level is at 8-10 out 10 with associated numbness and tingling sensation, right side is worse than left side. The patient also complains of erectile dysfunction and he suffers from anxiety, depression, stress, insomnia, and fear of surgery. Examination of the lumbar spine reveals decreased lordosis with tenderness and spasms at L3 through the sacrum, but the maximal point is at L4-L5. The patient has central tenderness, spasms, and overlying the facets. The range of motion of lumbar spine reveals flexion at 10 degrees and extension at 5 degrees with pain exacerbation. There is positive sciatic notch tenderness bilaterally. Straight leg raise and tension signs are positive bilaterally. The patient has considerable hamstring spasms with 3+ hamstring tension. Bowstring test is positive on the left side. Motor examination reveals weakness of his tibialis anterior at 4+/5 bilaterally and extensor hallucis longus at 4/5 bilaterally. MRI of the lumbosacral spine without contrast dated 06/20/14 showed dynamic instability at L4-L5 with stenosis. His diagnoses are 1.Dynamic instability at L4-L5, industrial 2. Spondylolistheses with instability at L4-L5 and a flare-up. The treating physician is requesting Xolido 2% cream 118ml per 05/09/14 report. Based on the 05/09/14 progress report, the patient complains of constant headaches, 7/10; constant neck pain radiating to the upper extremities with numbness and tingling, 7/10; constant low back pain radiating to the lower extremities with numbness and tingling, 8/10; constant bilateral elbow pain,7/10. The patient reports that pain level without medication is at 9/10, with medication 7/10. His diagnoses include following: 1. Headache 2. Brachial Neuritis or Radiculitis 3. Neck Sprain/Strain 4. Lumbar Radiculopathy 5. Bilateral Elbow Medial Epicondylitis 6. Bilateral Knee Sprain/Strain. The utilization

review determination being challenged is dated 09/22/14. The treating physician provided treatment reports from 03/26/14-09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2% Cream 118ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: This patient presents with low back pain with 8-10 out 10 pain level that radiates down to bilateral lower extremities per 08/18/14 report. The request is for Xolido 2% cream 118ml. Xolido is Lidocaine hydrochloride. Per 05/09/14 report, the treater states that the topical medication helps the patient to walk longer, sit longer, increases sleep, decrease pain, decrease oral medications and increase chores. Regarding topical lidocaine, MTUS page 112 states, "No other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." In this case, the treater has prescribed Xolido for the patient's pain, neuropathic pain, presumably. However, MTUS does not support a cream formulation of lidocaine for treatment of neuropathic pain. The request is not medically necessary.