

<b>Case Number:</b>	CM14-0191342		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/16/2002
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 59 year old female who was injured on 4/16/2002. She was diagnosed with lumbosacral neuritis, lumbar instability, and lumbago. She was treated with surgery (lumbar decompression), medications, and physical therapy. On 10/1/2014, the worker was seen by her primary treating physician reporting constant and worsening low back pain rated 9/10 on the pain scale with associated radiation of pain to her legs. Upon examination, there was paravertebral muscle tenderness, seated nerve root test was positive, numbness in the lateral thigh, anterolateral and posterior leg/foot (L5, S1 dermatomal patterns), and essentially normal strength and reflexes in the lower extremities. He was then recommended physical therapy, refills on his medications (not listed), acupuncture, and lumbar epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Hyaluronic (patch) 6%/0.2% cream #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was not any clear evidence of the worker having trialed and failed first-line therapy for neuropathic pain before considering any Lidocaine-based product. In addition, there are no guidelines which might help support the use of topical hyaluronic acid in combination with Lidocaine to suggest it is better than Lidocaine alone. In addition, the request was unclear as to which product was being requested (patch or cream). Therefore, the Lidocaine/hyaluronic is not medically necessary.