

<b>Case Number:</b>	CM14-0197764		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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:

This 77 year-old patient sustained an injury on 8/26/08 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% topical ointment, 50gm tube x 5 refills. Diagnoses include Chronic pain syndrome; lumbar intervertebral disc degeneration; knee joint arthropathy s/p bilateral knee arthroscopic surgery (undated). Conservative care has included medications, therapy, cane, and modified activities/rest. Medications list Hydrocodone/Acet, Ibuprofen, Doc-Q-lace, Topical Lidocaine 5%, and Morphine ER. Report of 10/22/14 from the provider noted chronic ongoing, but stable low back pain; bilateral knee pain well-controlled on medications; however, the patient ran out of Norco. Exam showed unchanged findings of limited knee range with pain on motion; ambulation with cane; lumbar spine with tenderness at lumbosacrum with intact neurologics. Treatment included continuing with medications. The request(s) for Lidocaine 5% topical ointment, 50gm tube x 5 refills was non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% topical ointment, 50gm tube x 5 refills:** Upheld

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

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

**Decision rationale:** This 77 year-old patient sustained an injury on 8/26/08 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% topical ointment, 50gm tube x 5 refills. Diagnoses include Chronic pain syndrome; lumbar intervertebral disc degeneration; knee joint arthropathy s/p bilateral knee arthroscopic surgery (undated). Conservative care has included medications, therapy, cane, and modified activities/rest. Medications list Hydrocodone/Acet, Ibuprofen, Doc-Q-lace, Topical Lidocaine 5%, and Morphine ER. Report of 10/22/14 from the provider noted chronic ongoing, but stable low back pain; bilateral knee pain well-controlled on medications; however, the patient ran out of Norco. Exam showed unchanged findings of limited knee range with pain on motion; ambulation with cane; lumbar spine with tenderness at lumbosacrum with intact neurologics. Treatment included continuing with medications. The request(s) for Lidocaine 5% topical ointment, 50gm tube x 5 refills was non-certified on 10/31/14. Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Lidocaine 5% topical ointment, 50gm tube x 5 refills is not medically necessary and appropriate.