

<b>Case Number:</b>	CM14-0199850		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, 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 62 year old male with an injury date of 08/24/12. Based on the 08/26/14 progress report, the patient is unable to grip and grasp using her right hand. There was no other pain documented. The 09/23/14 report states that the patient has pain in her right hand, fingers, and on the radial side of the index finger with stiffness and pain in the index and middle finger. She describes her pain as aching, sharp, and severe. The patient rates her pain as an 8/10. The 10/21/14 report indicates that the patient's right hand pain and finger pain is associated by numbness. There is allodynia in the right upper extremity. He rates his pain as a 4/10 with medications and an 8/10 without medications. The patient's diagnoses include the following: 1.Right hand pain2.Gastroesophageal reflux disorder 3.Chronic pain4.Right hand neuropathic pain with sympathetically medicated component. The utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 02/13/14- 12/10/14. Most of these reports were illegible and provided barely any information, if any.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment:** Upheld

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

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

**Decision rationale:** The patient presents with pain in her right hand, fingers, and on the radial side of the index finger with stiffness and pain in the index and middle finger. The request is for Lidocaine 5% ointment. The report with the request was not provided. The MTUS has the following regarding topical creams (page111, chronic pain section): " Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain."In this case, the patient complains of right hand pain and finger pain associated with numbness. "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS guidelines only support Lidocaine in the patch form. However, the provider is requesting for Lidocaine 5% ointment. Therefore, the requested Lidocaine ointment is not medically necessary.