

<b>Case Number:</b>	CM14-0200748		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/19/2014
<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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 28-year-old woman who sustained a work-related injury on June 11, 2010. Subsequently, the patient developed a chronic back pain. The patient MRI performed on 2011 demonstrated the mild evidence of disc herniation or. Practice According to a progress report dated on November 10, 2014, the patient was complaining of ongoing pain with a severity rated 7/10. The pain radiated to the lower extremity. The patient physical examination demonstrated no focal neurological signs. The patient was treated the with Lyrica with significant reduction of pain. The patient was also taking baclofen with significant decrease in pain and spasm The provider requested authorization for topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% (700 mg/patch) adhesive patch #60:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Lidocaine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed neuropathic pain. Therefore, the request for Lidocaine 5% (700 mg/patch) adhesive patch #60 is not medically necessary.