

<b>Case Number:</b>	CM14-0201326		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/08/1993
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69 year old female with an injury date of 09/08/93. Based on the 11/07/14 progress report provided by treating physician, the patient complains of chronic neck pain with radiation of pain and tingling down her left upper extremity, chronic shoulder pain and lower back pain with radiation of pain and tingling down her left lower extremity. The patient is status post right shoulder arthroscopy 2007. Physical examination to the cervical spine on 06/09/14 revealed tenderness to palpation at the paraspinous muscles with muscle tension, right greater than left, extending to into the upper right trapezius muscle, sensations were intact to light touch and bilateral upper extremities, grip strength was 5 out of 5 at the bilateral upper extremities, deep tendon reflexes were 1 - and equal at the biceps, triceps and brachioradialis. Per progress report dated 04/14/14, range of motion of the cervical spine is decreased by 30% with flexion, 40% with extension and 20% with rotation to the left and 30% with rotation to the right. Patient's medications include Cyclobenzaprine-flexeril, Lidoderm 5% Patch, Motrin, Atenolol, Hydrochlorothiazide, and Tylenol, as documented on progress report dated 06/09/14. Patient has been prescribed Lidoderm 5% Patch from 06/06/14 and 11/07/14. Per progress report dated 08/13/14, patient "reports Lidodem patches especially help with her neck, back and shoulder. She reports 70% reduction in pain and is able to wash dishes, walk further with less pain and perform laundry with less pain..." Patient is permanent and stationary. Diagnosis 11/07/14- Chronic pain neck- Pain in joint shoulder - S/P Right Shoulder Arthroscopy, 2007- Neck Pain- Reduction Deformities of Brain- Sciatica- Lumbago. The utilization review determination being challenged is dated 11/07/14. The rationale follows: "...Lidocaine ointment or a 5% patch has no

evidence-based proven role in the treatment of failed back surgery syndrome, chronic intractable lumbar backache, and is only approved by guidelines and FDA for the treatment of post-hepatic neuralgia that this claimant does not have..."Treatment reports were provided from 04/14/14 - 11/07/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Lidocaine 5% Ointment #1: 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): 111-113.

**Decision rationale:** The patient is status post right shoulder arthroscopy 2007 and presents with chronic neck pain with radiation of pain and tingling down her left upper extremity, chronic shoulder pain and lower back pain with radiation of pain and tingling down her left lower extremity. The request is for RETROSPECTIVE LIDOCAINE 5% OINTMENT. Patient's medications include Cyclobenzaprine-flexeril, Lidoderm 5% Patch, Motrin, Atenolol, Hydrochlorothiazide, and Tylenol, as documented on progress report dated 06/09/14. Patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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."Patient has been prescribed Lidoderm 5% Patch from 06/06/14 and 11/07/14. Per progress report dated 08/13/14, patient "reports Lidodem patches especially help with her neck, back and shoulder. She reports 70% reduction in pain and is able to wash dishes, walk further with less pain and perform laundry with less pain..." However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore the request IS NOT medically necessary.