

<b>Case Number:</b>	CM14-0037331		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/28/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 32year old man with a work related injury dated 7/28/12 resulting in chronic pain of the low back. He was seen by the primary treating physician on 2/5/14. He continued to complain of pain. Previous treatment included chiropractic treatment, acupuncture, a transforaminal ESI and oral and topical analgesic medications. The physical exam shows that the patient has a normal gait with tenderness of the spine with intact sensation in the lower extremities. The diagnosis includes lumbar radiculopathy with multi-level degenerative disc disease of the lumbar spine. Under consideration is the medical necessity of LidoPro ointment 4 oz (lidocaine) which was denied during utilization review dated 3/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Topical Ointment, 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Topical ointment Page(s): 111-113.

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

**Decision rationale:** According to the MTUS topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or

SNRI anti-depressants or and AED (gabapentin or lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case the documentation doesn't support that the patient has failed first line therapy. The continued use of LidoPro ointment is not medically necessary.