

<b>Case Number:</b>	CM15-0006640		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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:

This 60 year old female sustained an industrial injury on 5/8/01. She subsequently reports chronic upper extremity pain. The injured worker has undergone chiropractic treatment, physical therapy, injections and pain medications. The UR decision dated 12/24/14 non-certified Lidocaine Ointment 4% 0.5 Inches Applied QID 100GM. The Lidocaine Ointment 4% 0.5 Inches Applied QID 100GM was denied based on CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine ointment 4<sup>^</sup> 0.5 inches applied QID 100gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

**Decision rationale:** This patient presents with chronic right shoulder pain and thoracic outlet syndrome with radicular symptoms between the wrist and thumb. The current request is for LIDOCAINE OINTMENT 4% 0.5 INCHES APPLIED QID 100GM. The MTUS Guidelines

p112 on topical lidocaine states: 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. The MTUS guidelines do not allow any other formulation of Lidocaine other than in a patch form. The requested lidocaine ointment IS NOT medically necessary.