

<b>Case Number:</b>	CM15-0007278		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old female patient, who sustained an industrial injury on 03/27/2013. A follow up note dated 12/11/2014 reported subjective findings that she is doing significantly better. She continues with home exercise program which has helped significantly and she continues to practice cognitive behavioral techniques; although still with depression and anxiety further psych is pending. The patient did complete acupuncture a few months ago of which she found it significantly helpful for her pain, anxiety and depression. She is prescribed the following medications; Lexapro, Lidocaine 5% Topical Oint and Trazadone. She is described as disabled. The following diagnoses are applied; acute stress disorder, chronic pain syndrome, lateral epicondylitis, fibromyositis, sprain of elbow and forearm, depressive disorder, psychophysiologic disorder, counseling, shoulder joint pain and morbid obesity. She is encouraged to continue with home exercise program. On 12/22/2014 Utilization Review non-certified a request for Lidocaine 5 % Topical Ointment, noting the CA MTUS Topical Analgesia was cited. The injured worker submitted an independent medical review for requesting services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% 50 gm:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). page 56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic pain including localized pain affecting the shoulder and elbow. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. This claimant has pain affecting areas that are amenable to topical treatment. Therefore, Lidocaine 5 % Topical Ointment was medically necessary.