

<b>Case Number:</b>	CM15-0137575		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 45 year old male sustained an industrial injury on 8/19/13. He subsequently reported low back pain. Diagnoses include status post hip contusion, lumbar strain and sprain and lumbar degenerative disc disease. Treatments to date include MRI testing, chiropractic care and prescription pain medications. The injured worker continues to experience lumbar and hip pain. Upon examination, lumbar range of motion was guarded due to pain. Spasm was noted. Tenderness to palpation was noted in the left hip greater trochanter. A request for Retrospective request for Lidocain 5%, quantity: 1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lidocain 5%, quantity: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Lidocaine 5% #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar strain sprain; lumbar DDD; and status post hip contusion. The date of injury is June 19, 2013. The medical record contains 44 pages. The most recent progress note in the medical records dated June 11, 2015. Subjectively, the injured worker complains of low back pain 9/10 and hip pain. Norco provides 50% pain relief. Objectively, range of motion is normal, but guarded. There is no documentation showing tenderness palpation or spasm. Medications include hydrocodone, Neurontin and omeprazole. The treatment plan does not include a discussion, clinical indication or rationale for topical Lidocaine 5%. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine 5% in non-Lidoderm form) that is not recommended is not recommended. Consequently, lidocaine 5% #1 is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Lidocaine 5% #1 is not medically necessary.