

<b>Case Number:</b>	CM15-0138170		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	11/01/1997
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 63-year-old male patient who sustained an industrial injury on 11/01/1997. The diagnoses include lumbar degenerative disc disease, post lumbar laminectomy syndrome and lumbosacral spondylosis without myelopathy, thoracic/lumbosacral neuritis/radiculitis, esophageal reflux and long-term medication use. According to the primary treating physician's progress report dated June 8, 2015, he had complaints of low back pain at 7/10 with radiation into both lower extremities with increasing numbness in the right leg since surgery; neck pain and poor balance. The physical examination revealed decreased range of motion of the cervical spine and positive Spurling test on the left; severe loss of range of motion of L4 through S1 with pain and stiffness. The current medications list includes Norco 10/325mg, Tramadol 200, Cyclobenzaprine, Gabapentin and Prilosec. He has had cervical MRI on 9/11/2014. He has undergone lumbar L4-S1 decompression, discectomies and posterior interbody fusion in June 2014 and trial spinal cord stimulator (SCS) in 2011. He has had lumbar epidural steroid injections, lumbar medial branch blocks; aquatic therapy, external bone fusion stimulator, lumbosacral orthosis, ambulatory device and medications for this injury. Treatment plan consists of medication regimen as prescribed, home exercise program and the current request for EnovaRX- Lidocaine 10% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EnovaRX Lidocaine 10%, 120gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** EnovaRX Lidocaine 10%, 120gm. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines "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 an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of a trial of antidepressants for chronic pain, including the dose duration and frequency, is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of EnovaRX Lidocaine 10%, 120gm is not fully established for this patient.