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| <b>Case Number:</b>   | CM15-0140478 |                              |            |
| <b>Date Assigned:</b> | 07/30/2015   | <b>Date of Injury:</b>       | 06/06/2013 |
| <b>Decision Date:</b> | 08/28/2015   | <b>UR Denial Date:</b>       | 06/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### 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, 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 53 year old male who sustained an industrial injury on 6-6-2013. He has reported injury to the lower back and has been diagnosed with lumbar region injury, lumbosacral or thoracic neuritis or radiculitis, and myofascial pain. Treatment has included medications, acupuncture, home exercise program, and TENS unit. There was tenderness to palpation. Skin was clean dry and intact. The treatment plan included a home exercise program and medications. The treatment request included Lidopro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121gm #1:** 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 Lidocaine Page(s): 112.

**Decision rationale:** Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has

been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy, as he is taking gabapentin with improvement. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested topical formulation which contains lidocaine is not medically necessary.