

<b>Case Number:</b>	CM15-0141856		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Arizona, 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:

The injured worker is a 65 year old female, who sustained an industrial injury on October 21, 2009. The injured worker reported tripped and fell on her buttocks. The injured worker was diagnosed as having lumbar sprain and lumbago. Treatment to date has included chiropractic treatment physical therapy and medication. A progress note dated June 11, 2015 provides the injured worker complains of low back pain radiating to the mid back and right lower extremity with numbness and spasms sometimes severe. She rates the pain 5 out of 10. Physical exam notes guarded movement with tenderness to palpation of the sacroiliac joint and lumbar area with decreased range of motion (ROM) and positive Faber test on the right. There is a request for Lidocaine 5% pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% pad, Qty 30 with 1 refill, 30 day supply:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine are not recommended. The request for Lidocaine with an additional refill as above is not medically necessary.