

<b>Case Number:</b>	CM15-0146006		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 59-year-old who has filed a claim for chronic low back, hip, groin pain reportedly associated with an industrial injury of March 24, 2012. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for topical Lidocaine jelly. The claims administrator did, however, approve a sacroiliac joint injection under moderate sedation and fluoroscopic guidance, it was reported. A May 30, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of low back, hip, and groin pain. Attending provider noted that the applicant was using Motrin, Hydrocodone, and progesterone, it was noted. Applicant was diagnoses of sacroiliac joint pain, facet arthropathy, chronic low back, hip pain, and groin pain. The applicant was working full time; it was stated in one section of the noted. The attending provider appealed previously denied Lidocaine jelly secondary to approving the applicant's ability to perform activities such as self-care, personal hygiene, and dressing herself. On May 30, 2015, the applicant again reported 7/10 hip, groin, and low back pain. Topical Lidocaine jelly was endorsed. The applicant was also using Motrin for pain relief, it was reported. It was again stated that the applicant was working full time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 1% jelly #1 tube with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** No, the request for topical Lidocaine is not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm patches represent the only commercially-approved topical formulation of Lidocaine. No other commercially-approved topical formulation of Lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Here, the attending provider did not furnish a clear or compelling rationale for provision of a Lidocaine jelly in the face of the fact that said jelly is not approved for topical application purposes, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy, here, however, there is no explicit mention of the applicant having tried and/or failed a trial of first-line therapy with antidepressants and anticonvulsants. Here, however, progress notes of May 13, 2015 and July 2, 2015 made no mention of the applicant having previously attempted and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications. Therefore, the request was not medically necessary.