

<b>Case Number:</b>	CM15-0148289		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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

### 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 44 year old female, who sustained an industrial injury on 12-13-2007. She has reported injury to the left knee and low back. The diagnoses have included chronic pain syndrome; lumbosacral or thoracic neuritis or radiculitis, unspecified; left knee pain; left patellofemoral syndrome; osteoarthritis- other specified sites (knee, hip); and sacroiliac ligament sprain-strain. Treatment to date has included medications, diagnostics, ice, TENS (trans-cutaneous electrical nerve stimulation) unit, chiropractic therapy, physical therapy, and home exercise program. Medications have included Naproxen, Lidopro cream, and Omeprazole. A progress report from the treating physician, dated 06-24-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of lower back pain and left knee pain; she decided to stop pain medications for one month due to other health reasons and not wanting to become addicted; pain level is rated 7 out of 10 in intensity without medications; the low back pain is constant, sharp, and stabbing; the pain occasionally radiates to the left lower extremity with numbness, tingling, and stabbing with occasional burning sensation with hot weather, to the left knee then to the left foot; the left knee occasionally give out randomly and occasionally swells; mood is stable but sometimes depressed about changes since the injury; she is currently working full-time; and she does not want oral pain medications per her preference. It is noted that the use of the TENS unit and stretches from previous physical therapy sessions are helpful for pain control; and chiropractic sessions were temporarily helpful. Objective findings included she is alert and oriented; no acute distress; normal affect; exam is unchanged from

previous visit; and the x-ray and MRI of the left knee are unremarkable. The treatment plan has included the request for retro Lidopro cream 121 grams #1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Lidopro cream 121 grams #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The 44 year old patient complains of lower back pain radiating occasionally to the left lower extremity to produce numbness, tingling and stabbing along with left knee pain, as per progress report dated 06/24/15. The request is for RETRO LIDOPRO CREAM 121 gm # 1. The RFA for this case is dated 06/24/15, and the patient's date of injury is 12/13/07. Diagnoses, as per progress report dated 06/24/15, included chronic pain syndrome, lumbosacral or thoracic neuritis or radiculitis, left patellofemoral syndrome, osteoarthritis of knee/hip, and sacroiliac ligament sprain/strain. The patient is not taking any oral pain medications and is only relying on Lidopro cream and TENS unit for pain relief. The patient is working full time with restrictions, as per the same progress report. The MTUS has the following regarding topical creams (p 111, Chronic Pain guidelines, Topical Analgesics section): Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, a prescription for Lidopro cream is first noted in progress report dated 03/04/15, and the patient has been using the topical formulation consistently at least since then. The Utilization Review denied the request stating "there is no documentation that there has been a failure of first-line therapy." In an appeal letter dated 04/28/15, the treater mentions the MTUS guidelines states that "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." The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, this request IS NOT medically necessary.