

<b>Case Number:</b>	CM15-0168795		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This 52 year old female sustained an industrial injury on 5-23-13. Documentation indicated that the injured worker was receiving treatment for chronic bilateral upper extremity repetitive strain injury, internal derangement of bilateral shoulders, cervicalgia radiculopathy and rule out lumbar radiculopathy. Previous treatment included physical therapy, chiropractic therapy, acupuncture and medications. In an orthopedic follow-up dated 6-17-15, the injured worker complained of pain to bilateral shoulders, elbows and fingers and neck pain with radiation to both hands and occasional numbness in the entire arms as well as milder pain in the lumbar spine with radiation to the left hip. The injured worker had just started physical therapy. The injured worker reported that her stress had improved. Physical exam was remarkable for cervical spine with normal range of motion and pain upon range of motion, tenderness to palpation to both shoulder, 5 out of 5 bilateral upper extremity strength, decreased grip strength to the right hand, questionable reduction of sensation in the right C5 distribution and lumbar spine with tenderness to palpation of the left buttock, pain on rotation of the left leg and 5 out of 5 motor strength of bilateral lower extremities with intact sensation. The treatment plan included continuing Gabapentin, prescriptions for Tylenol and Motrin, continuing physical therapy and a prescription for Lidocaine gel for the neck and low back. On 8-12-15, Utilization Review noncertified a request for Icy Hot as Lidocaine gel prn, one month supply, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Icy Hot as Lidocaine Gel prn 1 month supply Refill 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "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. Per the guidelines, lidocaine is only recommended as a dermal patch. There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidocaine gel is not indicated at this time. The request is not medically necessary.