

<b>Case Number:</b>	CM15-0193130		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 60 year old male, who sustained an industrial injury on 2-3-10. He reported pain in the left ankle and leg. The injured worker was diagnosed as having chronic pain, pain in joint of lower leg, pain in joint of ankle and foot, pain in thoracic spine, and major depression. Treatment to date has included physical therapy, acupuncture, left knee surgery, left ankle surgery, and medication including Lidocaine ointment, Norflex, Trazodone, and Tylenol extra strength. On 8-12-15, physical exam findings included antalgic gait and tenderness to palpation over the left lateral malleolus. Left ankle range of motion was full with dorsi and plantar flexion reduced by 10%. The injured worker had been taking Norflex and using Lidocaine ointment since at least June 2015. On 8-12-15, the injured worker complained of left lower extremity pain. The treating physician requested authorization for retrospective Lidocaine 5% ointment and Norflex ER 100mg #3 both for the date of service 4-28-15. On 9-4-15, the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lidocaine 5% ointment for DOS 4/28/15: Upheld**

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

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

**Decision rationale:** Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain of the thoracic spine and multiple extremity joints. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Retrospective Lidocaine 5% ointment for DOS 4/28/15 is not medically necessary and appropriate.

**Retrospective Norflex ER 100mg #3 for DOS 4/28/15: 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): Muscle relaxants (for pain).

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2010 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Retrospective Norflex ER 100mg #3 for DOS 4/28/15 is not medically necessary and appropriate.