

<b>Case Number:</b>	CM15-0193369		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/22/1997
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This injured worker is a 67 year old female, who sustained an industrial injury on 07-22-1997. The injured worker was diagnosed as having cervicalgia, pain, thoracic spine, myofascial pain, and lumbar spine pain. On medical records dated 08-07-2015 and 06-23-2015, the subjective complaints were noted as neck and mid-back pain. The injured worker was noted to have a 50% analgic benefit as well as functional improvement with current pain medication regimen. Pain was noted as 8 out of 10 in mid back and neck area. Pain was usually rated as a 4-5 out of 10 with medication. Objective findings were noted as back revealed a significant surgical scar on oblique fashion noted over the mid thoracic region. Forward flexion was noted to have arm-scapular winging significantly to her bilateral shoulders. Tight palpable muscles were noted to the scapular regions. Palpable twitch positive trigger points in the right trapezius, rhomboid and levator scapula muscles. Shoulder was noted to have no crepitation and a decreased active range of motion in forward flexion and extension. Treatments to date included medication, home exercise program, hot-cold packs and swimming. Current medications were not listed on 08-07-2015. The injured worker was prescribed Baclofen and Lidocaine ointment during the visit 08-07-2015. The Utilization Review (UR) was dated 09-16-2015. A request for Lidocaine topical Qty 35 with 1 refill was submitted. The UR submitted for this medical review indicated that the request for Lidocaine topical Qty 35 with 1 refill was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine topical Qty 35with 1 refill: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine topical (gel) #35gm with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervicalgia; thoracic spine pain; myofascial pain; and lumbar spine pain. Date of injury is July 22, 1997. Request authorization is September 11, 2015. According to August 7, 2015 progress note, subjective complaints include neck and mid back pain. Pain score is 8/10. The injured worker has improvement with ongoing baclofen. Objectively, there is tightness to palpation over the scapula with positive trigger points. There are no other physical examination or objective findings of the cervical or lumbar spine. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Any compounded product that contains a least one drug (topical lidocaine) that is not recommended is not recommended. Consequently, lidocaine topical #35 is not recommended. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, lidocaine (gel) topical #35gm with one refill is not medically necessary.