

<b>Case Number:</b>	CM15-0200158		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/16/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: 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 injured worker is a 54 year old female, who sustained an industrial-work injury on 7-16-11. She reported initial complaints of pain to low back and shoulders. The injured worker was diagnosed as having lumbar and shoulder pain. Treatment to date has included oral and topical medication, surgery (bilateral carpal tunnel, left shoulder rotator cuff repair on 2-3-12, right shoulder arthroscopy on 11-16-12), and exercises. EMG-NCV (electromyography and nerve conduction velocity test) were reported on 2-4-15 that reports right and left moderate median nerve neuropathy at the carpal tunnel without active denervation, and right C7 cervical radiculopathy. Currently, the injured worker complains of low back pain radiating down the left leg with electric shock sensation with buckling leg and spasms. There was also shoulder pain. Pain with medication is rated 5 out of 10 and without medication at 8 out of 10. Quality of sleep is poor. Activity level has decreased and she is taking meds as prescribed. Home exercise program (HEP) is limited. Norco allows patient to perform ADL's (activities of daily living). Lyrica helps reduce pain and increase ability to walk. Current meds include Lidocaine to affected body 2-3 times daily to affected body part as needed, Lyrica 100 mg, Pennsaid 1.5%, Norco 10-325 mg, Tamoxifen 10 mg, Albuterol, and Lisinopril. Per the primary physician's progress report (PR-2) on 7-10-15, exam notes global antalgic gait, wrist notes tenderness upon carpometacarpal grind test, compression in the bilateral medial epicondyle of the elbow, DTR (deep tendon reflexes) are 1 out of 4 in the upper extremities. The Request for Authorization requested service to include Lidocaine 5% ointment QTY: 1. The Utilization Review on 9-14-15 denied the

request for Lidocaine 5% ointment QTY: 1, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

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

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

**Lidocaine 5% ointment QTY: 1:** 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:** Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants, therefore, the request for Lidocaine 5% ointment QTY: 1 is determined to not be medically necessary.