

<b>Case Number:</b>	CM15-0205986		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 45 year old male, who sustained an industrial injury on 9-23-2012. The injured worker was being treated for postlaminectomy syndrome. The injured worker (8-11-2015, 9-1-2015, and 9-22-2015) reported ongoing head, bilateral shoulders, and neck pain with radiating pain into the right arm. Associated symptoms included joint and muscle pain, muscle weakness, numbness of the right face and neck, pins and needles of the right face and neck. The treating physician noted that the injured worker continues to wean his Oxycodone and Oxycontin. The medical records show the subjective pain rating of 5 out of 10 on 8-11-2015 with pain over the past week of 7 out of 10. The injured worker reported 20% pain relief medications over the past week. The medical records show the subjective pain rating of 5 out of 10 on 9-1-2015 with pain over the past week of 8 out of 10. The injured worker reported 20% pain relief medications over the past week. The medical records show the subjective pain rating of 6 out of 10 on 9-22-2015 with pain over the past week of 7 out of 10. The injured worker reported 30% pain relief medications over the past week. The physical exam (8-11-2015) did not include documentation of a cervical spine assessment. The physical exam (9-1-2015) reveals full cervical spine flexion with increased pain, full extension with increased left-sided neck pain, 10 degrees of lateral flexion with increased pain, and almost full rotation bilaterally with increased left-sided neck pain. In addition, the physical exam reveals slight weakness of the right hand grip, point tenderness of the right sub occipital area, and tenderness at the base of the right cervical paraspinal muscles. The physical exam (9-22-2015) reveals limited cervical range of motion with pain, except for full extension without pain. Per the treating physician (5-6-2015 report), a

cervical MRI revealed a persistent protrusion at the C6-7 level with central canal stenosis. Per the treating physician (5-6-2015 report), electromyography and nerve conduction velocity studies revealed cervical radiculopathy. Surgeries to date have included anterior cervical discectomy and fusion in 2013. Treatment has included short-acting and long-acting opioid pain medications (Oxycodone and Oxycontin). The requested treatments included Lidocaine HCL Viscous 2%. On 9-30-2015, the original utilization review non-certified a request for Lidocaine HCL Viscous 2%.

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

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

**Purchase: Lidocaine HCL Viscous 2%, #100 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, 2015 web-based edition, [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA prescribing guidelines (FDA.gov).

**Decision rationale:** The CA MTUS is silent on the use of viscous Lidocaine, so other references were utilized. The FDA prescribing guidelines for viscous Lidocaine note that it is indicated for treatment of oral-mucosal membranes. The available medical record does not note in any review of systems or diagnosis list any issues with mucosal irritation or pain. The only mention in the record of Lidocaine is in the form of Lidoderm patches not viscous Lidocaine. As there is no indication for this medication in the provided record the request for Lidocaine HCL Viscous 2%, #100 with 1 refill is deemed not medically necessary.