

<b>Case Number:</b>	CM15-0029077		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 7, 2014. In a Utilization Review Report dated January 3, 2015, the claims administrator failed to approve a request for lidocaine cream. A November 10, 2014, progress notes was referenced in the determination. The applicant's attorney subsequently appealed. In a January 15, 2015 progress note, the applicant reported ongoing issues with psychological stress. The applicant was disabled. The applicant was irritable and anxious, it was noted. The applicant was apparently using Advil for pain relief, the applicant's psychologist reported. No clear treatment recommendation was formulated. On October 31, 2014, the applicant's chiropractor suggested that applicant receive chiropractic manipulative therapy to treat multifocal pain complaints. In a handwritten note dated November 10, 2014, the applicant was placed off of work, on total temporary disability. Topical Flector patches, Prevacid, naproxen, and a flurbiprofen-lidocaine containing compound were endorsed. The note was very difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% (700mg) cream #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127.

**Decision rationale:** No, the request for topical lidocaine cream was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, multiple handwritten medical progress notes, referenced above, contained no mention or reference to the applicant's having previously failed first-line oral depressant and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine cream at issue. Therefore, the request was not medically necessary.