

<b>Case Number:</b>	CM15-0210589		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	06/20/2000
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 68-year-old female with an industrial injury date of 06-20-2000. Medical record review indicates she is being treated for long term current use of medications, dysthymic disorder, knee pain, cervical radiculopathy, opioid type dependence and neuralgia. Subjective complaints (09-23-2015) included head and neck pain. The injured worker stated, "It feels like someone is shooting an arrow through my head." The treating physician noted the injured worker used Lidoderm to "keep it at bay." The pain is rated as 6 out of 10. She also complained of knee pain and right upper extremity radiculopathy. Medications included Seroquel, Trazodone, Vistaril, Lidoderm patch (since at least 10-07-2013), Wellbutrin SR, Prozac, Lisinopril, Aspirin, Neurontin and Norco. Physical exam noted the injured worker was able to rise from a seated position without difficulty. Gait was not antalgic and the injured worker ambulated without assistance. Prior treatment includes cervical epidural steroid injection, occipital nerve block and medication. The treating physician noted no adverse effects from medications, no aberrant behaviors and appropriate affect. Last urine drug screen was ordered 02-2015 and "was positively appropriate." On 10-02-2015, the request for Lidocaine ointment 5% #2 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine ointment 5% #2:** 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 antidepressants and anticonvulsants have failed. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. 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. The injured worker is currently prescribed Neurontin and Lidoderm patches. Additionally, there is a lack of objective evidence of pain control and functional improvement with the prior use of lidocaine ointment. Furthermore, it is unclear why both Lidoderm patches and Lidocaine ointment are being prescribed simultaneously. The request for Lidocaine ointment 5% #2 is determined to not be medically necessary.