

<b>Case Number:</b>	CM15-0046178		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 43-year-old male who sustained an industrial injury on 05/01/2013. Current diagnoses include myofascial pain, hip pain, groin pain, and sprain of hip and groin. Previous treatments included medication management, right hip arthroscopy on 11/31/2013, physical therapy, acupuncture, and chiropractic therapy. Previous diagnostic studies included MRI of the right hip. Report dated 02/17/2015 noted that the injured worker presented with complaints that included right hip and groin pain. Pain level was rated as 3-8 out of 10 on the visual analog scale (VAS). Current medication regimen includes Norco and nuerontin. Physical examination was positive for abnormal findings. The treatment plan included a request for continued Neurontin and Norco, prescription for keto 15%/lidocaine 10%, and additional sessions of chiropractic therapy. The physician noted that the request for the keto 15%/lidocaine 10% was due to chronic localized pain with a neuropathic component that is poorly responsive to conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto 15%, Lidocaine 10% 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain (only patch form is approved). In this case, the compounded keto 15%, lidocaine 10% is not warranted since guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested entire formulation is not approved since the CPMTG states that all subcomponents of a compounded medicine must be approved in order for medically necessity.