

<b>Case Number:</b>	CM15-0082930		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 52 year old female, who sustained an industrial injury on 06/04/2007. She reported injuring her low back, right shoulder, and neck during the course of her usual and customary work. The injured worker is currently permanent and stationary with permanent disability. The injured worker is currently diagnosed as having lumbar disc displacement without myelopathy and cervical disc displacement without myelopathy. Treatment and diagnostics to date has included functional restoration program, home exercise program, lumbar spine MRI, cervical spine MRI, right shoulder MRI, lumbosacral spine MRI, cervical epidural steroid injection, lumbar epidural, physical therapy, and medications. The injured worker states she uses Lidocaine ointment with benefit and denies any side effects. In a progress note dated 02/24/2015, the injured worker presented with complaints of right sided neck pain that extends into her right upper extremity and into her right hand. Objective findings noted the injured worker being in pain, otherwise unremarkable. The treating physician reported requesting authorization for Lidocaine 5% ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**Decision rationale:** Guidelines state that topical analgesics are largely experimental and that topical lidocaine may be recommended for localized neuropathic pain after first line therapies have failed. In this case, there is no clear documentation that the claimant has been intolerant or unresponsive to all other treatments including oral medications. The request for lidocaine 5% ointment is not medically appropriate and necessary.