

<b>Case Number:</b>	CM15-0231187		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 71-year-old who has filed a claim for chronic low back, neck, knee, and wrist pain reportedly associated with an industrial injury of March 31, 2010. In a Utilization Review report dated November 12, 2015, the claims administrator failed to approve a request for topical lidocaine. A November 4, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On December 2, 2015, the applicant reported ongoing issue with heightened knee and wrist pain. The applicant's medications include topical Lidoderm patches, topical ketamine cream, topical lidocaine ointment, oral Vicodin, oral Motrin, oral Lunesta, oral Fioricet, and oral Prilosec. A cane was sought while Colace and Fioricet were endorsed. The stated diagnoses were those of mechanical knee and mechanical finger pain. On November 4, 2015, the applicant again reported ongoing issues with wrist, neck, and knee pain. The applicant received cervical epidural steroid injection, the treating provider reported. Multiple medications were renewed, including lidocaine ointment, Vicodin, Motrin, topical ketamine, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% #35.44gm with 2 refills: 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): Introduction, Topical Analgesics.

**Decision rationale:** No, the request for topical lidocaine 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 or neuropathic pain in claimants in whom there has been a trial of first-line therapy with anti-depressants and/or anti-convulsants. Here, however, progress notes of November 4, 2015 and December 2, 2015 made no mention of the applicant's having previously tried and/or failed anti-depressant adjuvant medications or anti-convulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the topical lidocaine article in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, the December 2, 2015 office visit made no mention of why the applicant was concurrently using two separate topical lidocaine agents, namely lidocaine ointment and Lidoderm patches. Therefore, the request was not medically necessary.