

<b>Case Number:</b>	CM15-0234845		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51 year old female, who sustained an industrial injury on 12-18-2010. The injured worker is undergoing treatment for cervical radiculitis, lumbar disc displacement, lumbar arthropathy, lumbar radiculopathy, gastroesophageal reflux disease (GERD), chronic pain and cubital tunnel syndrome. Medical records dated 10-12-2015 indicate the injured worker complains of worsening neck pain radiating down bilateral upper extremities, back pain radiating to bilateral lower extremities, shoulder, arm and hand pain foot pain, headaches and insomnia. She reports gastroesophageal reflux disease (GERD) due to medication. Pain with medication is rated 9 out of 10 and without medication is 10 out of 10. Physical exam dated 10-12-2015 notes cervical tenderness to palpation, painful decreased range of motion (ROM) and decreased sensitivity of C5 dermatome, lumbar spasm, tenderness to palpation, painful decreased range of motion (ROM) and decreased sensation at L4-S1 dermatomes. Treatment to date has included shoulder surgery, cervical epidural steroid injection, Transcutaneous Electrical Nerve Stimulation (TENS) unit, injections medication and activity alteration. The original utilization review dated 11-11-2015 indicates the request for Lidocaine 5% ointment #120 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment #120:** 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:** This 51 year old female has complained of pain in her neck, lower back, shoulders, elbows and feet since date of injury 12/18/2010. She has been treated with surgery, epidural steroid injections, TENS, physical therapy and medications. The current request is for Lidocaine 5% ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidocaine 5% ointment is not indicated as medically necessary.