

<b>Case Number:</b>	CM14-0002587		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/26/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33-year-old female who reported an injury after being struck by a horse on 02/26/2010. The injured worker was diagnosed with status-post medial orbital blowout fracture with multiple surgical procedures, hypesthesia of V1 and V2 on the left side, secondary to trauma of 02/26/2010, normal hearing and intermittent tinnitus aurium. The injured worker had extraocular movements with decreased sensation over the first and second division of the left trigeminal nerve. The injured worker also had persistent hyperesthesia of the first and second divisions of the trigeminal nerve. The injured worker's medication regimen included Topamax, Dilaudid, and methadone. The request for authorization was submitted on 12/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE 5% OINTMENT APPLY THREE TIMES DAILY#200 X4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** The request for Lidocaine 5% ointment apply 3 times daily #200 times 4 is non-certified. The California MTUS guidelines states that topical lidocaine, in the formulation of a dermal patch(Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As the guidelines note Lidocaine id not recommended for topical application in the forms of creams, lotions, or gels. Therefore, per California MTUS guildelines, the request for Lidocaine 5% ointment apply 3 times daily #200 times 4 is non-certified.