

<b>Case Number:</b>	CM14-0110002		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 58-year-old female with a reported date of injury on 02/23/2013. The injury reportedly occurred when the injured worker slipped and fell on the floor. His diagnoses were noted to include lumbar radiculopathy, lumbar disc protrusion, left hip/thigh sprain/strain, left knee chondromalacia patella, and left knee medial meniscus tear. His previous treatments were noted to include acupuncture, physical therapy, TENS unit, and medications. The progress note dated 07/30/2014 revealed complaints of occasional low back pain that radiated to the left lower extremity, rated 5/10. The injured worker complained of left hip/thigh pain rated 6/10 and frequent left knee/calf pain that rated 5/10. The injured worker indicated his oral and topical medications had no side effects. The injured worker indicated that topical creams/patches decreased his pain, and he was able to walk longer, sit longer, increase chores, and sleep. The physical examination of the lumbar spine revealed decreased range of motion with a positive straight leg raise and femoral stretch on the left extremity. The left hip range of motion was noted to be diminished, and there was status post with internal and external rotation. The left knee range of motion was noted to be diminished with positive patellar grinding, and positive McMurray's. There was tenderness to the medial joint line on the left lower extremity, as well as decreased sensation at the L5-S1 dermatome. The Request for Authorization form was not submitted within the medical records. The request was for Xolido 2% cream; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xolindo 2% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Lidocaine Page(s): 111, 112.

**Decision rationale:** The request for Xolindo 2% cream is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines state any compounded agent that contains at least 1 drug that is not recommended is not recommended, and lidocaine is not recommended in any formulation other than a Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.