

<b>Case Number:</b>	CM14-0148910		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & 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:

62y/o male injured worker with date of injury 6/12/04 with related neck, left knee, and shoulder pain. Per progress report dated 8/20/14, the injured worker rated his pain with medications as 5/10, and 9/10 without. He reported that he broke three fingers in his left hand 13 days ago. Per physical exam, inspection of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with flexion limited by pain. Straight leg raising test was positive bilaterally. Tenderness was noted over the cervical facet joints on the right. Treatment to date has included injections, physical therapy, and medication management. The date of UR decision was 8/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% Ointment #1:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there

has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). 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. The medical records submitted for review indicate that as of 8/20/14 progress report, the injured worker was still being treated with Gabapentin, as such he was not refractory to first-line therapy with AED, and the request is not medically necessary.