

<b>Case Number:</b>	CM14-0185392		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	09/16/2007
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 41-year-old female with a date of injury of 09/16/2007. According to progress report, 10/09/2014, the patient presents with chronic pain of multiple body parts. The patient states that fentanyl patches help to reduce her pain by 60% to 70%. The patient is status post L4-L5 fusion in 2010. Examination revealed "patient's gait was antalgic. The patient ambulated into the room without any assistance." The listed diagnoses are: 1. Lumbar disk displacement without myelopathy. 2. Neck pain. 3. Pain in shoulder joint. 4. Pain in limb. This is a request for lidocaine topical cream 5%. Utilization Review denied the request on 10/14/2014. Treatment reports from 06/18/2014 through 11/10/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine cream 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines has the following regarding topical creams, topical analgesics Page(s): 111.

**Decision rationale:** This patient complains of neck, low back, and radiating left lower extremity pain. This is a request for lidocaine cream 5%. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The request is not medically necessary.