

<b>Case Number:</b>	CM15-0108041		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male, who sustained an industrial injury on 8/06/2009. He reported developing acute low back pain after cumulative injuries and repetitive lifting type activity. Diagnoses include lumbar disc disease and radiculopathy, and osteoarthritis. He is status post lumbar laminectomy and right knee arthroscopy. Treatments to date include modified activity, physical therapy, acupuncture, chiropractic therapy, cognitive behavioral therapy, and epidural steroid injections. Currently, he complained of right knee pain. On 4/30/15, the physical examination documented pain, swelling, and crepitus noted in the right knee. The medical records indicated he underwent total knee arthroplasty on 5/11/15. The plan of care included Lidocaine 5% ointment, 60 grams with four refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment 60gm with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel is indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain after failure of first-line therapy. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested topical lidocaine is not medically necessary.