

<b>Case Number:</b>	CM15-0122563		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 61 year old female with an industrial injury dated 02/18/2009. The injury is documented as occurring when she was pushing a heavy cart when the cart tilted to the left. As she tried to keep the cart from falling over, she twisted her left ankle and experienced mild back pain. Her diagnoses included lumbar spine discopathy and left ankle internal derangement. Comorbid diagnoses included diabetes mellitus, hypertension and high cholesterol. Prior treatment included left ankle surgery, physical therapy, ankle brace, extracorporeal shock treatments, diagnostics and medications. She presented on 05/28/2015 (most recent record available) as "unchanged." She continued to experience low back pain that was primarily aggravated with flexion and extension along with numbness and tingling in the left lower extremity especially in the left foot. Physical exam noted tenderness to palpation over the paraspinal musculature and spinous process. There was also tenderness to palpation over the sacroiliac joint. Straight leg raise test was positive bilaterally. Treatment plan included awaiting authorization for podiatry consultation for the left foot and chiropractic therapy. Treatment request is for Lido Pro Cream 4 oz. times two tubes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido Pro Cream 4oz times two tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): page(s) 56-57.

**Decision rationale:** In accordance with California Chronic Pain MTUS guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested LidoPro cream is not medically necessary according to MTUS guidelines.