

<b>Case Number:</b>	CM15-0160272		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/22/2005
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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

### 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 49 year old female, who sustained an industrial injury on November 22, 2005. The injured worker was being treated for complex regional pain syndrome of the left upper and lower extremity, shoulder joint pain and cervicalgia. On 7-22-2015, the injured worker reports ongoing left upper and lower extremity, neck, and low back pain, primarily on the left. Her pain is rated 7 out of 10. Current medications include Gabapentin. Per the treating physician the injured worker has failed Gabapentin. The physical exam (7-22-2015) did not contain objective findings related to the neck, upper and lower extremities, and low back. Diagnostic studies were not included in the provided medical records. Surgeries to date have included stimulator implant in 2006 with revision in 2009, explanation of lumbar spinal cord stimulator in 2009, lumbar spinal cord stimulator implant in 2011, cervical spinal cord stimulator implant in 2012, and cervical spinal cord stimulator revision in 2012. Treatment has included a functional restoration program, a spinal cord stimulator, physical therapy, nerve root blocks, psychological treatment, lumbar sympathetic and stellate ganglion blocks, inpatient detoxification, and medications including oral pain, topical pain, anti-anxiety, antidepressant, and muscle relaxant. Per the treating physician (5-28-2015 report), the injured worker has failed Cymbalta and Lyrica. Per the treating physician (7-22-2015 report), the employee has not worked since 2006. On 7-29- 2015, the requested treatments included Lidocaine 5% ointment-cream, #5 tubes with 11 refills. On 8-12-2015, the original utilization review non-certified a request for Lidocaine 5% ointment- cream, #5 tubes with 11 refills as the requested form of Lidocaine is not indicated for neuropathic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment/cream, #5 tubes with 11 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 7/22/15 progress report provided by the treating physician, this patient presents with left upper extremity and lower extremity pain, persistent neck and low back pain primarily on the left with pain rated 7/10 on VAS scale. The treater has asked for LIDOCAINE 5% OINTMENT/CREAM, #5 TUBES WITH 11 REFILLS on 7/22/15. The patient's diagnoses per request for authorization dated 7/29/15 are joint pain shoulder and cervicalgia. The patient is s/p previous unspecified cervical/lumbar surgeries, and is s/p adjustment of dorsal column spinal cord stimulator with high anxiety which resulted in turning stimulator off per 7/22/15 report. Due to a delay in seeing a psychiatrist, the treater will be providing patient with psychiatric medication that is non-addicting and then will attempt to send to psychologist at a later time per 7/22/15 report. The patient also reports difficulty walking/functioning and headaches per 7/22/15 report. The patient is currently taking Gabapentin, with no other opioids/benzodiazepines, or other medications per 7/22/15 report. The Gabapentin is helping per 6/2/15 report. The patient's work status is permanent and stationary since 2010 and hasn't worked since 2006 per 7/22/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The treater requests topical Lidocaine, stating that the medication is to be peripherally used for the leg and arm, and the patient has failed Gabapentin in 7/22/15 report. Review of the medical records provided does not indicate a prior use of topical Lidocaine and it appears that the treater is initiating this medication. However, this topical contains Lidocaine, which is only indicated by the guidelines for topical use in the form of a dermal patch. The request IS NOT medically necessary.