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| <b>Case Number:</b>   | CM15-0094322 |                              |            |
| <b>Date Assigned:</b> | 05/20/2015   | <b>Date of Injury:</b>       | 11/23/2004 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 04/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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, who sustained an industrial injury on 11/23/2004. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic cervical spine degenerative disc disease, shoulder sprain/strain, cervical radiculitis, and chronic pain syndrome. Treatment to date has included diagnostics, cognitive behavior therapy, cervical spinal surgery 1/21/2015 (3 level cervical fusion), and medications. Magnetic resonance imaging of the cervical spine (5/05/2014) was documented as showing multi-level severe degenerative changes, 2mm disc protrusion C4-5, 3mm osteophyte complex at C5-6, and 1.5mm osteophyte complex at C6-7. Cervical spine x-ray (12/02/2014) was documented as showing severe multi-level severe degenerative changes and disc collapse C4-7. On 3/13/2015, the injured worker complained of neck pain, radiating to both arms, with numbness. Severity rating was 6/10. Current pain was rated 8/10, with average pain 6/10, and least pain 5/10. A review of symptoms noted headaches, joint pain, muscle stiffness, and depression. Current medications included Oxycontin, Norco, Neurontin, and Lorzone. Her current regime was documented to decrease pain by approximately 40%. No adverse side effects were noted and there was no indication of aberrant behavior documented. Urine toxicology was not submitted. An unspecified allergy to Pamelor was noted. Physical exam noted a cervical collar, moderate spasms in the superior bilateral trapezius muscles, and decreased sensation in both arms (less with Neurontin). She was prescribed Lidocaine 5% topical ointment. Her work status was total temporary disability. On 4/06/2015, her current pain level was 8/10, average pain level 7/10, and least pain level 5/10.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidocaine Topical cream 5% quantity unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines are very specific regarding the recommended use of topical Lidocaine for chronic pain. Only FDA approved Lidoderm patches are recommended due to the risk of serious side effects with other delivery systems i.e. cream. There are no unusual circumstances to justify an exception to Guidelines. The Lidocaine Topical Cream 5% is not supported by Guidelines and is not medically necessary.