

Case Number:	CM13-0071685		
Date Assigned:	01/08/2014	Date of Injury:	02/18/1987
Decision Date:	06/13/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery, 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 injured worker is a 70-year-old female who reported an injury on 2/18/87, while assisting to push a car. The injured worker underwent a right lumbar laminectomy and discectomy at L4-5 in September 1992. Current diagnoses include reflex sympathetic dystrophy of the lower limb, low back pain, lumbar radiculopathy, and post-laminectomy syndrome. The injured worker was evaluated on 11/5/13. The injured worker reported persistent lower back and right lower extremity pain. Physical examination revealed stiffness and tenderness in the cervical spine, limited lumbar range of motion, weakness in the right ankle, diminished strength in the left lower extremity, hyperalgesia and allodynia in the distal lower extremities, and hypersensitivity. Treatment recommendations at that time included a re-request for Silapose gel socks and EMLA cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMLA CREAM: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a first-line trial of tricyclic or SNRI antidepressants, or an anticonvulsant such as Gabapentin or Lyrica. No other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) is indicated for neuropathic pain. As per the documentation submitted, the injured worker has utilized a Lidocaine-based topical cream since May 2013. There is no documentation of objective functional improvement. There is also no mention of a trial of first line therapy with antidepressants or anticonvulsants as recommended by the California MTUS Guidelines. As such, the request is not medically necessary.