

Case Number:	CM14-0043576		
Date Assigned:	07/02/2014	Date of Injury:	06/27/2000
Decision Date:	08/20/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 sustained an injury on 6/27/2000 with the mechanism of injury not noted in the medical records. As a result of this injury he has required two surgical procedures for the lumbar spine. He continues to experience chronic low back pain with radiation to both lower extremities and feet. His diagnoses include lumbar post-laminectomy syndrome, degenerative disc disease, lumbago and thoracic and lumbar neuritis/radiculitis. In addition to his current medication management, other treatments have included physical therapy, chiropractic and epidural steroid injection. Response to these treatments is not documented in the medical record. The current treatment note dated 3/4/14 shows that he currently uses MS Contin, Norco, Cyclobenzaprine, Trazodone and Lidocaine-Prilocaine 2.5-2.5% cream for this condition. The medical records do note functional improvement related to tolerance of ADLs but that is related to his entire treatment regimen and not to any specific medication. The treating physician has asked for recertification for Lidocaine-Prilocaine 2.5-2.5% cream, BID to TID, 30 gram bottle, #1x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine-Prilocaine 2.5-2.5 percent Cream BID-TID pm pain 30 gram bottle #1 times 4:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: The MTUS does not specifically address Prilocaine the MTUS notes that Lidocaine, used as a topical analgesic, is recommended for localized peripheral pain after there has been evidence a trial of first-line therapy with tricyclic antidepressants, selective serotonin and norepinephrine reuptake inhibitor antidepressants, or an anti-epilepsy drug such as Gabapentin or Lyrica. There is no evidence in the medical records provided that there has been an adequate trial of first-line therapeutic agents. Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Review of the medical records does not support the use of Lidocaine-Prilocaine cream within the MTUS guidelines. The request for Lidocaine-Prilocaine 2.5-2.5% cream, BID to TID, 30 gram bottle, #1 times 4 is not medically necessary.