

<b>Case Number:</b>	CM15-0009230		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/21/1983
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 was a 57 year old female, who sustained a work related injury, March 21, 1983. The injured worker sustained a back work related injury. Who has retired from the work force. The injured worker suffer a right shoulder injury from a fall at home in 2014. The injured workers chief complaint was low back with burning pain down the right thigh. The injured worker was diagnosed with lower back pain, lumbosacral radiculopathy, right shoulder pain, thigh numbness, cervicgia and Sam Browne syndrome from wearing a utility belt. The injured worker was treated with physical therapy, arthroscopic surgery for the right shoulder September 3, 2014, chiropractic services for the back, pain medication, muscle relaxants, anti-inflammatory medications, hot packs, horseback riding, home exercise program and diagnostic studies. On December 15, 2014, the primary treating physician requested authorization for new prescription for lidocaine/prilocaine cream to the right thigh for burning pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Lidocaine/ Prilocaine cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Burns

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

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details “primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.” The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, “There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.” ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). MTUS indicates lidocaine non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for 1 prescription for Lidocaine/ Prilocaine cream is not medically necessary.