MAXIMUS Federal Services

Case Number:	CM15-0019987		
Date Assigned:	02/11/2015	Date of Injury:	06/30/2014
Decision Date:	04/23/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic mid back pain, low back pain, and groin pain reportedly associated with an industrial injury of August 30, 2014.In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for a topical EMLA cream, a mixture of topical lidocaine and topical prilocaine. A January 13, 2015, progress note was referenced in the determination.The applicant's attorney subsequently appealed. In a January 13, 2015, progress note, the applicant reported ongoing complaints of groin pain. The applicant had not worked since September 2014, it was acknowledged. Burning pain about the groin region was noted, 9/10. The applicant was using Tylenol and Norflex for pain relief, it was acknowledged. A Medrol Dosepak, General Surgery consultation, and EMLA cream were endorsed. In one section, the attending provider stated that the applicant's neuropathic concerns were confined to the groin region, while other section of the note stated that the applicant had 9/10 low back pain complaints radiating to the bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emla cream 2.5%-2.5%, apply to affected area as directed, QTY: 1 Ref: 2: Upheld

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

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

Decision rationale: No, the request for topical EMLA, an amalgam of prilocaine and lidocaine creams, was not medically necessary, medically appropriate, or indicated here.As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having tried and /or failed first-line anticonvulsant adjuvant medications and/or anti-depressant adjuvant medications prior to introduction of topical EMLA cream. Therefore, the request was not medically necessary.