

Case Number:	CM15-0205030		
Date Assigned:	10/21/2015	Date of Injury:	10/07/1996
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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 60 year old male injured worker suffered an industrial injury on 10-7-1996. The diagnoses included myofascial pain syndrome, lumbar laminectomy and lumbar spondylosis. On 9-4-2015 the treating provider reported he was still having pain in the low back and right lower extremity that seemed to be worse in the evening. The injured worker reported the pain was rated 9 out of 10 without medication and with medication 3 to 5 out of 10. At that visit he reported the pain as 8 out of 10. He was also using Lyrica. On exam, the lumbar spine was tender with spasms that were also in the bilateral buttock area. The provider noted that a few distinct trigger points were seen and a positive twitch sign was also noted. Lidocaine-Prilocaine 2.5 % -2.5% Topical had been in use for at least since 1-2015 Request for Authorization date was 9-10-2015. The Utilization Review on 9-23-2015 determined non-certification for Lidocaine-Prilocaine 2.5 % - 2.5% Topical.

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% Topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The requested Lidocaine-Prilocaine 2.5 % -2.5% Topical, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has pain in the low back and right lower extremity that seemed to be worse in the evening. The injured worker reported the pain was rated 9 out of 10 without medication and with medication 3 to 5 out of 10. At that visit, he reported the pain as 8 out of 10. He was also using Lyrica. On exam, the lumbar spine was tender with spasms that were also in the bilateral buttock area. The provider noted that a few distinct trigger points were seen and a positive twitch sign was also noted. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine-Prilocaine 2.5 % -2.5% Topical is not medically necessary.