

<b>Case Number:</b>	CM15-0222699		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	09/24/2005
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 47-year-old male who sustained an industrial injury on 9-24-2005 and has been treated for history of recurrent vertebral fractures, and lumbar disc herniation at L4-5. On 8-25-2015 the injured worker reported pain ranging from 10 out of 10, but going down to 2-3 out of 10 when taking medication. Objective findings provided at the previous visit dated 7-28-2015 had included tenderness with palpation to the midline thoracic and lumbar spine, and lumbar muscles bilaterally. Documented treatment includes epidural steroid injection, an unspecified number of physical therapy "done so many times he is not optimistic," and, Tramadol 200 mg 4 times daily. At the 7-28-2015 visit they discussed cutting back on Tramadol at the next visit to 3 times daily. The treating physician's plan of care includes 12 sessions of physical therapy which was modified to 6, and Lidocaine-prilocaine cream which was prescribed, but denied. Determination was dated 10-22-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 12 for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times 12 sessions to the lumbar spine are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are back pain; history recurrent vertebral fractures; and lumbar disc herniation L4 - L5. Date of injury is September 24, 2005. Request for authorization is September 22, 2015. According to an August 25, 2015 progress note, the injured worker has chronic pain and present medication follow-up. Pain score 3/10. Subjectively the injured worker claims of back pain ongoing. Objectively, there is no musculoskeletal examination. There is no neurologic evaluation. The treating provider recommended physical therapy and the injured worker indicated physical therapy has been tried on multiple occasions and is not optimistic to its outcome. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy as clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy times 12 sessions to the lumbar spine are not medically necessary.

**Lidocaine-prilocaine (EMLA) cream 30 gm plus 3 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=1240>.

**Decision rationale:** Pursuant to the Official Disability Guidelines, lidocaine - prilocaine (EMLA) cream, 30 g with three refills is not medically necessary. EMLA Cream (a eutectic mixture of lidocaine 2.5% and prilocaine 2.5%) is indicated as a topical anesthetic for use on: normal intact skin for local analgesia and genital mucous membranes for superficial minor surgery and as pretreatment for infiltration anesthesia. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are back pain; history recurrent vertebral fractures; and lumbar disc herniation L4 - L5. Date of injury is September 24, 2005.

Request for authorization is September 22, 2015. According to an August 25, 2015 progress note, the injured worker has chronic pain and present medication follow-up. Pain score 3/10. Subjectively the injured worker claims of back pain ongoing. Objectively, there is no musculoskeletal examination. There is no neurologic evaluation. There is no documentation indicating failed trials of antidepressants and anticonvulsants. Documentation does not provide evidence of neuropathic symptoms or objective clinical findings. The symptoms are limited to back pain and there is no musculoskeletal physical examination or neurologic examination. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, lidocaine - prilocaine (EMLA) cream, 30 g with three refills is not medically necessary.