

Case Number:	CM15-0088663		
Date Assigned:	05/12/2015	Date of Injury:	12/08/2011
Decision Date:	06/24/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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 female, who sustained an industrial injury on 12/8/11. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar radiculopathy; intervertebral disc herniation. Treatment to date has included acupuncture; physical therapy; lumbar epidural steroid injections (12/31/13 and 2/24/14); trigger point injection (2/24/14; 5/12/14; 5/30/14; 3/12/15); Toradol injection (12/31/14); medications. Diagnostics included MRI lumbar spine (7/10/14); EMG/NCV lower extremity (8/19/14). Currently, the PR-2 notes dated 3/12/15 indicated the injured worker came to the office for back pain. The objective findings note the lumbar back; she exhibits tenderness and pain, normal range of motion. The neurological exam indicates normal sensation and reflexes and displays no weakness or sensory deficits. She has normal straight leg raise test, normal Romberg test and normal Tandem gait test with normal gait. On this day, she received a left paralumbar muscle injection using Lidocaine 1%, Bupivacaine 0.25% and Depomedrol (trigger point injection). The PR-2 note dated 12/8/14 indicates the injured worker did see a surgeon on consult and he recommended no surgery. She has had other trigger point and Toradol injections in 2014 as well as lumbar epidural steroid injections on 12/31/13 and 2/24/14. The provider has prescribed Naprosyn and Norco in the past but currently the notes indicates she is prescribed Tylenol #3 for pain as needed. The provider is requesting Anecream 4% top kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anecream 4% top kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Pages 111-113. Decision based on Non-MTUS Citation Anecream (Lidocaine)<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2d7706e2-7363-4047-96cb-85b718277e8c>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The progress report dated 4/2/15 documented subjective complaints of low back pain. Date of injury was 12/8/11. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported by MTUS guidelines. Therefore, the request for Anecream (Lidocaine) is not supported by MTUS guidelines. Therefore, the request for Anecream (Lidocaine) is not medically necessary.