

Case Number:	CM14-0148725		
Date Assigned:	09/18/2014	Date of Injury:	10/27/1999
Decision Date:	11/05/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported a work-related injury on 10/27/1999. The injured worker's diagnoses were noted to include cervical degenerative disc changes with disc herniation, right shoulder pain, partial tear of the rotator cuff and impingement syndrome, depression and anxiety do to her industrial injuries, insomnia and left shoulder pain. Past treatment was noted to include medication management. Diagnostic studies were noted to include an MRI dated 05/02/2011 which revealed broad based central disc protrusion seen at C2-3 and C3-4, central disc protrusion at C4-5, broad based disc protrusion, "C5-C5" effaces ventral "fat pad", slight flattening of spinal cord, broad based central disc protrusion at C6-7, compression on the anterior aspect of the spinal cord. An MRI of the right shoulder dated 08/25/2006 revealed partial tear of the rotator cuff and impingement syndrome, and an EMG/NCS of the left upper extremity on 04/12/2010 revealed C6 radiculopathy. Upon examination on 07/31/2014, the injured worker complained of persistent neck pain radiating to the right upper extremity. It was noted that she needed refill of her medications. The injured worker stated that her pain was rated at a 7/10 on a VAS (visual analog scale) without medications and a 4/10 with medications. It was noted that the medications allowed her to continue to work full time and exercise, carry out activities of daily living such as cooking, cleaning, laundering, and self-hygiene. It was also noted that the injured worker had no side effects from the medication and that the physician would obtain a random urine drug screen for aberrant behaviors. Additionally, it was noted that her neck and left extremity pain was rated as a 7/10 on a VAS, and with Norco it was noted that the pain was relieved within 30 minutes and goes down to 4/10, and she maintains the pain level of 4/10 for about 5 to 6 hours. It was noted that there was no significant change from the last physical examination. The last physical examination was dated 05/01/2014. Upon physical examination the injured worker had

increased tenderness to the cervical paraspinal muscles, more so on the right side; full range of motion of the neck with reproducible pain. Neurologically, it was noted that the injured worker was intact. The injured worker's prescribed medications were noted to be Norco, Gabapentin, Tramadol, Zanaflex, and Prilosec. The treatment plan consisted of a prescription for Celebrex, C5-6 epidural steroid injection, Lidocaine and Prilocaine gel 60mg, and a follow-up in 3 months. The rationale for the request was noted to be neck pain. A Request for Authorization form was submitted for review on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Prilocaine Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded medication with a non-recommended ingredient is not recommended. As for the injured worker, there was no documentation of neuropathic pain and a trial of antidepressants or anticonvulsants. Additionally, there is no indication that the injured worker was intolerant to all of her medications. Additionally, the guidelines state no other commercially approved topical formulations of lidocaine, whether creams, lotions or gels, are indicated for neuropathic pain. As such, the request is not medically necessary.