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| Case Number: | CM15-0005163 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 11/01/2012 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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: Indiana

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:

This 68 year old male suffered an industrial injury on 11/1/12 with subsequent ongoing shoulder and neck pain. No recent radiologic reports were available for review. In a PR-2 dated 12/11/14, the injured worker reported that recent weather change had increased his achiness. The injured worker tried physical therapy over a year ago but it was too painful to tolerate. The injured worker complained of pain 6/10 on the visual analog scale with significant weakness. Physical exam was remarkable for active range of motion of the neck decreased by 60-70% with extension and 50% with rotation bilaterally. The injured worker had thoracic kyphosis combined with protracted head position while sitting that contributed to decreased range of motion of the shoulders. Active range of motion of the shoulders was limited by pain and guarding. Motor strength was 5/5 and sensation was intact in bilateral upper extremities. Speeds test was positive on the right. There appeared to be a partially torn right biceps tendon with a partial "popeye" arm on the right. There were diffuse myofascial trigger points of the neck and shoulder girdle. The injured worker reported that pain was relieved by Motrin 800 mg four times a day. Current diagnoses included sprain shoulder/arm, subacromial bursitis and rotator cuff injury. The treatment plan included awaiting acupuncture and magnetic resonance imaging appeal, a trial of ibuprofen alternating with Tylenol and Emla cream to shoulder as needed for pain relief. The goal was pharmacological control to move toward therapy. On 1/9/15, Utilization Review noncertified a request for Emla Cream 2.5-2.5% (lidocaine 2.5% and prilocaine 2.5%) #1 tube citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emia Cream 2.5-2.5% (lidocaine 2.5% and prilocaine 2.5%) #1 tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical anagesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain; compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain 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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Therefore, the request for Emia Cream 2.5-2.5% (lidocaine 2.5% and prilocaine 2.5%) #1 tube is not medically necessary.