

<b>Case Number:</b>	CM15-0126448		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Physical Medicine & Rehabilitation

### 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 is a 46 year old male with an August 20, 2014 date of injury. A progress note dated May 28, 2015 documents subjective complaints (improved energy with increased activity; continued difficulty sleeping; increased head and neck pain with exercise; muscle tightness especially toward the end of the day; continues to have fatigue, ringing/buzzing in the ears, difficulty concentrating, difficulty reading, problems with memory, depressed mood, anxiety, headaches, impaired sleep, back pain, left shoulder pain), objective findings (appears to be anxious, calm, depressed, and tearful; poor communication ability; slowed speech; slowed gait; wide-based gait; unable to sit erect; tenderness noted at the paracervical muscles and rhomboids; multiple myofascial trigger points noted; continued sadness, hopelessness, difficulty concentrating; no suicidal or homicidal ideations), and current diagnoses (post-concussion syndrome; history of traumatic brain injury; major depressive disorder, single episode, moderate; cerebellar or brain stem contusion without open intracranial wound unspecified state of consciousness; adjustment disorder with mixed anxiety and depressed mood; pain in limb). Treatments to date have included medications, imaging studies, exercise, and physical therapy. The treating physician documented a plan of care that included Emla cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Emla cream 2.5%-2.5% 50mg with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section, Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation drugs.com states EMLA Cream (lidocaine 2.5% and prilocaine 2.5%).

**Decision rationale:** Based on the 05/28/15 progress report provided by treating physician, the patient is status post fall injury and presents with left posterior ribs 2-9 fracture, and pain to head and neck. The request is for Emla cream 2.5%-2.5% 50mg with 1 refill. RFA with the request not provided. Patient's diagnosis on 05/28/15 included post-concussion syndrome, personal history of traumatic brain injury, single episode moderate major depressive disorder, cerebellar or brain stem contusion without open intracranial wound unspecified state of consciousness, adjustment disorder with mixed anxiety and depressed mood, and pain in limb. Diagnosis on 03/27/15 included multiple rib fracture. The patient has slowed and wide-based gait. Physical examination on 05/28/15 revealed tenderness to paracervical and rhomboid muscles, and multiple myofascial trigger points noted. Treatment to date included imaging studies, occupational and physical therapy, TENS and medications. Patient's medications include Lidoderm patches, Emla cream, Tylenol and Zoloft. The patient "can resume/continue usual and customary work," per 05/28/15 report. Treatment reports provided from 01/19/15 - 05/28/15. Drugs.com states EMLA Cream (lidocaine 2.5% and prilocaine 2.5%). The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per 05/28/15 report, treater states "Emla cream for left thoracic pain from rib fractures in the setting of traumatic brain injury and impaired cognition it is preferred to choose medications that do not have central effects. [The patient] does endorse neuropathic pain and numbness in the thoracic region." MTUS page 111 states that if one of the compounded topical drugs is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form according to MTUS. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.