

<b>Case Number:</b>	CM15-0060412		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 37-year-old female, with a reported date of injury of 03/11/2014. The diagnoses include lumbar radiculopathy, low back pain, and lumbar disc disorder. Treatments to date have included Ibuprofen and Lidocaine-Prilocaine cream. The progress report dated 02/16/2015 indicates that the injured worker was status post epidural injections, and she reported that she started feeling better five days later. The injured worker stated that she started to have some pain returning. She rated her pain 5 out of 10, but 9 out of 10 at night. The injured worker also reported some stiffness and aching in her neck and back. The physical examination showed an antalgic gait, a slow gait, and positive right straight leg raise test with pain. The treating physician requested Lidocaine-Prilocaine cream. It was noted that the injured worker continued to breastfeed, making many other medications unavailable and she had decent relief from the cream in the past and it is safe with breastfeeding.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine-Prilocaine cream 2.5-2.5% (prescribed 2-16-15): 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): 111-112.

**Decision rationale:** The request is for a combination Lidocaine/Prilocaine topical analgesic. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine has been recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (antidepressants, anticonvulsants). No other commercially prepared topical formulations of lidocaine are indicated for neuropathic pain. There is little to no research to support the use of many of the topical agents. Further, any compounded product that contains at least one drug that is not recommended is not recommended. This patient's medical records shows no failure of a first-line agent. In addition, the topical agent is a compounded product containing Prilocaine, which is not recommended, therefore the entire product is not recommended. This request is deemed not medically necessary.