

<b>Case Number:</b>	CM15-0070769		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/22/1996
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Pain Management

### 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 39 year old male injured worker suffered an industrial injury on 04/22/1996. The diagnoses included adjustment disorder with anxiety, pain in the joint of shoulder and neck sprain and strain. The injured worker had been treated with 2 prior shoulder surgeries and medications. On 1/30/2015 the treating provider reported the pain is centered in the arm, but radiated to the left side of the head and down the arm. He reported burning, and tingling but is worse with movement of the shoulder. On 2/13/2015, the treating provider reported persistent left shoulder pain rated as 9/10 because he was not receiving any medications. He recently had been having dizziness with the pain episodes. He noted increased anxiety, dizziness and blurred vision when the pain is really bad. The left shoulder had restricted range of motion. He reported stomach upset with medications. The treatment plan included Emla Cream and Consultation with an Internist.

### 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% #1, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Regarding request for Emla cream, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and that the patient has failed first-line therapy. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested Emla cream is not medically necessary.

**1 Consultation with an Internist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears that the consultation is due to stomach upset with medications, but there is no indication that the provider has attempted medication adjustments such as alternating NSAIDs, the addition of H2 blockers or proton pump inhibitors, etc., prior to consultation with an internist. In the absence of such documentation, the currently requested consultation is not medically necessary.