

Case Number:	CM15-0076038		
Date Assigned:	04/27/2015	Date of Injury:	04/19/1999
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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:

The injured worker is a 51 year old female who sustained an industrial injury on 4/19/99 when she slipped and then grabbed an access bar causing her to twist her left shoulder, lower back and neck with an acute onset of neck spasm. She was initially treated conservatively and then in 1999 had an anterior cervical discectomy and fusion. In 2003 she began experiencing increasing neck pain and headaches and was found to have a C6-7 herniated nucleus pulposus. She had revision of her surgery in 2007. She currently complains of bilateral shoulder, low back, carpal tunnel, headaches and neck pain. Her pain level is 6-7/10. Medications are oxycodone, Lidocaine-prilocaine topical, Ambien, fentanyl, sumatriptan. Medications control her pain and allow her to be active. Diagnoses include post-laminectomy syndrome; limb pain; carpal tunnel syndrome; trigger finger; rotator cuff disease; chronic migraines; occipital neuralgia; thoracic or lumbosacral neuritis or radiculitis; coccygodynia. Diagnostics include thoracic MRI (10/12) normal study; computed tomography of the pelvis (8/13) unremarkable; lumbar MRI (8/13) with disc bulge. In the progress note dated 4/3/15 the treating provider's plan of care includes a request for authorization for Lidocaine-prilocaine topical 2.5% for limb pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine-Prilocaine, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Prilocaine: Drug information.

Decision rationale: This medication is a compounded topical analgesic containing lidocaine and prilocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case, the patient does not have a diagnosis of diagnosis of post-herpetic neuralgia. Lidocaine is not recommended. Prilocaine is a local anesthetic used infiltratively and topically for minor surgical procedures. In this case, there is no indications for minor surgical procedure. Prilocaine is not recommended. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be authorized and is not medically necessary.