

Case Number:	CM14-0117703		
Date Assigned:	08/06/2014	Date of Injury:	03/06/2009
Decision Date:	10/20/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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 60-year-old female, with a reported date of injury of 03-18-2009. The diagnoses include lumbar radiculopathy and unspecified disorders of shoulder bursae and tendon in the shoulder region. Treatments and evaluation to date have included oral medications such as Tramadol and Prednisone, and topical pain medication, including Lidocaine-Prilocaine since at least 01-2014. The diagnostic studies to date included a urine drug screening on 03-24-2014 with negative findings. The progress report dated 06-27-2014 indicates that the injured worker complained of low back pain, which was worsened with lifting, bending, or any activity. It was noted that she had more frequent flare-ups of the back. The Lidocaine-Prilocaine cream was for mild to moderate pain. The physical examination of the lumbar spine showed no scoliosis, restricted range of motion due to pain, inability to walk on heel, inability to walk on toes, negative straight leg raise test, equal and symmetric lower extremity reflexes, and tenderness over the sacroiliac joint on both sides. It was noted that a recent MRI of the lumbar spine showed mild degenerative changes of the discs without stenosis of the central canal or neuronal foramen narrowing. On the current examination, the injured worker's pain was "due to SI joint inflammation." The treatment plan included the request for active therapy to the low back two times a week for four weeks to improve body mechanics and posture as well as minimize flare-ups and Lidocaine-Prilocaine 2.5%-2.5% cream, apply to affected area two times a day as needed for pain with one refill. The injured worker was not working; is retired. The injured worker remained permanent and stationary and declared at maximum medical improvement. The request for authorization was dated 06-27-2014. The treating physician requested Lidocaine-

Prilocaine 2.5%-2.5% cream and physical therapy two times a week for four weeks. On 07-08-2014, Utilization Review non-certified the request for Lidocaine-Prilocaine 2.5%-2.5% cream since evidence based guidelines do not consistently support lidocaine in creams, lotion, or gels for topical application and physical therapy two times a week for four weeks since there is no clear indication if this is a request for initial or additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine - Priilocaine cream 2.5/2.5 %: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics. 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, there is no documentation that the patient has been diagnosed with postherpetic neuralgia. Lidocaine is not recommended. Prilocaine is a local anesthetic used primarily as a parenteral dental anesthetic. It is not recommended as a topical preparation. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.

Physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home

exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the request is for physical therapy to the low back. In this case the requested number of 8 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request is not medically necessary.