

<b>Case Number:</b>	CM14-0117719		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 44-year-old female was reportedly injured on April 19, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Norco, Sertraline, and Cyclobenzaprine. No focused physical examination was performed. Diagnostic imaging studies of the lumbar spine indicate degenerative disc disease and a discogram indicated concordant pain at L4 - L5 and L5 - S1. Lower extremity nerve conduction studies were normal. Previous treatment was not discussed. A request had been made for Flurbiprofen/Capsaicin patches and Lidocaine/Hyaluronic patches and was not certified in the pre-authorization process on July 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Hyaluronic 6%/0.2%, Topical Patch Refill: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Lidocaine/Hyaluronic patches is not medically necessary.

**Flurbiprofen/Capsaicin 10%/ 0.025%, Topical Patch Refill 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** The California MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employees diagnosis, date of injury and clinical presentation, this request for Flurbiprofen/Capsaicin patches is not medically necessary.