

Case Number:	CM14-0124050		
Date Assigned:	08/08/2014	Date of Injury:	05/19/2011
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 41-year-old female who has submitted a claim for lumbago, cervical spine sprain/strain superimposed upon degenerative disc disease, thoracolumbar sprain/strain superimposed upon degenerative disc disease, disc protrusions and radicular complaints, right shoulder pain, status post right cubital tunnel release and right lateral epicondylar release (05/11/12), lateral epicondylitis and probable cubital tunnel syndrome, left elbow, status post right carpal tunnel release and right de Quervain's release (05/11/12), status post left carpal tunnel release with partial flexor tenosynovectomy and release of the distal volar fascia, 09/17/13, with probable scar and probable entrapment of palmar cutaneous nerve at the medial nerve in the proximal palm associated with an industrial injury date of 05/19/2011. Medical records from 03/28/2012 to 07/23/2014 were reviewed and showed that patient complained of neck pain graded 6-8/10 radiating down bilateral upper extremity and low back pain graded 6-8/10 radiating down the bilateral lower extremities. Physical examination of the cervical spine revealed tenderness to palpation over the bilateral paracervical muscles and the bilateral trapezius, right greater than left, decreased cervical range of motion (ROM), and intact sensation, Manual Muscle Testing (MMT) and reflexes of upper extremities. Physical examination of the lumbar spine revealed spasm over L4-S1, tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels, hypesthesia along the L4-S1 dermatome in the left lower extremity, normal MMT of bilateral lower extremities, and positive straight leg raise (SLR) test, in a seated position, at 50 degrees bilaterally. MRI of the cervical spine dated 12/19/2011 revealed C4-5 disc protrusion/extrusion, C6-7 central posterior disc protrusion with encroachment on the subarachnoid space. MRI of the lumbar spine dated 02/13/2012 revealed L2-3 posterior disc protrusion, annular tear fissure and right facet arthropathy, L3-4 posterior disc protrusion, L4-5 posterior disc protrusion, and L5-S1 posterior disc protrusion. Electromyography/nerve

conduction velocity (EMG/NCV) study of upper extremities dated 02/11/2013 revealed mild left carpal tunnel syndrome. Treatment to date has included Left L4-L5, right L4-L5 and bilateral L5-S1 transforaminal epidural steroidal injection (ESI) (04/05/13, 09/06/13, and 03/21/2014), hot packs, ultrasound, massage, oral pain medications, Capsaicin0.0075%, hyaluronic acid 0.24%, camphor0.6%, menthol 4.2% #120 (DOS: 06/09/2014), and Hyaluronic acid 0.24%, lidocaine7.2%, lipoderm base 136.8% #120 (DOS: 06/09/2014). Of note, there was no documentation of functional relief from topical medications. There was no documentation of intolerance to oral medications. Utilization review dated 07/23/2014 denied the request for Capsaicin0.0075%, hyaluronic acid 0.24%, camphor0.6%, menthol 4.2% quantity 120, 30 day supply for date of service 6/9/14 and Hyaluronic acid 0.24%, lidocaine7.2%, lipoderm base 136.8% quantity 120, 30 day supply for date of service 6/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin0.0075%, hyaluronic acid 0.24%, camphor0.6%, menthol 4.2% quantity 120, 30 day supply for date of service 6/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Salicylate, Topical

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. CA MTUS Chronic Pain Treatment Guidelines, ODG, and online search do not address hyaluronic acid for topical use. In this case, the patient was prescribed Capsaicin0.0075%, hyaluronic acid 0.24%, camphor0.6%, menthol 4.2% #120 since 06/09/2014. There was no documentation of functional improvement with its use. Moreover, there was no documentation of intolerance to oral medications. It is unclear as to why the compounded cream needs to be used despite potential adverse effects. Therefore, the request for Capsaicin0.0075%, hyaluronic acid 0.24%, camphor0.6%, menthol 4.2% quantity 120, 30 day supply for date of service 6/9/14 is not medically necessary.

Hyaluronic acid 0.24%, lidocaine7.2%, lipoderm base 136.8% quantity 120, 30 day supply for date of service 6/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. CA MTUS Chronic Pain Treatment Guidelines, ODG, and online search do not address hyaluronic acid and lipoderm base for topical use. In this case, the patient was prescribed Hyaluronic acid 0.24%, lidocaine 7.2%, lipoderm base 136.8% #120 since date of service (DOS): 06/09/2014. However, there was no documentation of functional improvement with its use. Furthermore, the requested compounded product contains lidocaine which is not recommended for topical use. The guidelines clearly state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Hyaluronic acid 0.24%, lidocaine 7.2%, lipoderm base 136.8% quantity 120, 30 day supply for date of service 6/9/14 is not medically necessary.