

Case Number:	CM14-0126632		
Date Assigned:	08/13/2014	Date of Injury:	01/14/2011
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 55-year-old male who reported an injury on 01/14/2011, which was cumulative in nature while performing the duties of his occupation as a firefighter. The injured worker was diagnosed with lumbar discopathy/radiating and left carpal tunnel syndrome. Prior treatment includes physical therapy, bilateral wrist splints and an elbow extension splint as well as medications. Prior diagnostic studies include an electromyography (EMG) on 11/21/2011 to the bilateral upper and lower extremities. The EMG of the upper extremities reportedly revealed bilateral carpal tunnel syndrome at the wrists and the EMG of the lower extremities revealed right S1 lumbar radiculopathy. The injured worker also underwent a magnetic resonance imaging (MRI) of the lumbar spine on 11/22/2011, which revealed disc protrusions at L2-3, L3-4, L4-5 and L5-S1 without stenosis and x-rays obtained by the physician on 06/12/2014, which revealed disc space height collapse at L5-S1 with some instability. Surgical history includes left shoulder surgery and right carpal tunnel release on unspecified dates. On 07/10/2014, the injured worker complained of constant pain to the lower back aggravated by activities of daily living. The pain was characterized as sharp with radiating pain to the lower extremities. The injured worker noted his pain as 6/10. The physician noted guarded and limited range of motion to the lumbar spine. The seated nerve root test was positive and it was noted there was a radicular component in the lower extremities, which appeared to be in the L5-S1 nerve root distribution greater on the right than the left. Hyporeflexia in the right Achilles was noted as well as some dysesthesia. The physician did not provide a list of medications with these documents. The physician indicated he would continue medications for complaints of pain. The physician is requesting lidocaine/hyaluronic acid patches and Flurbiprofen/capsaicin patches. The Request for Authorization form and rationale were not provided for review with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic Acid (Patch) 6%, 0.2% #120 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112. Decision based on Non-MTUS Citation "Absorption of hyaluronan applied to the surface of intact skin", Am J Orthop, 2000Feb;29(2): 80-8;discussion 88-9.

Decision rationale: The request for Lidocaine/Hyaluronic Acid (Patch) 6%, 0.2% #120 1 refill is not medically necessary. California MTUS Guidelines for lidocaine state that it is recommended for neuropathic pain. The recommended application is for localized peripheral pain after there has been evidence of a trial of first line therapy of an antidepressant or antiepileptic drug, such as gabapentin or Lyrica. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Medical studies for the use of hyaluronic acid for topical application revealed cellular uptake of hyaluronic acid was observed in the deeper layers of epidermis, dermis and lymphatic endothelium. Absorption through skin was confirmed in mice through chromatographic analysis of blood, urine and extracts from skin and liver, which identified 3H intact Hyaluronan and its metabolites, free acetate and water. MTUS guidelines note the requirement of a trial of first line therapy that would include antidepressants or an antiepileptic drug such as gabapentin or Lyrica. The physician provided no list of medications with these documents. There is no clinical evidence presented documenting a trial of the first line therapies to meet guideline criteria. The request as submitted failed to provide the frequency at which the medication was to be used and the area of the body the medication was to be applied to. As such, the request is not medically necessary.

Flurbiprofen/Capsaicin (Patch) 10 %, 0.025% #120 refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics(compounded medications) Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Flurbiprofen, Capsaicin) Page(s): 72, 111-112.

Decision rationale: The request for Flurbiprofen/capsaicin patch 10%, 0.025%, 120, refill 1 is not medically necessary. California MTUS Guidelines for topical analgesics notes the uses of these products are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. MTUS Guidelines for topical NSAIDs recommends

Flurbiprofen for the treatment of osteoarthritis. The injured worker has been diagnosed with lumbar disc displacement and carpal tunnel syndrome. There is a lack of information provided supporting the injured worker has not responded to or is intolerant to other treatments to support the use of topical Capsaicin. The request as submitted failed to provide the frequency at which the medication was to be used and the area of the body the medication was to be applied. As such, the request is not medically necessary.