

Case Number:	CM14-0132690		
Date Assigned:	09/19/2014	Date of Injury:	11/06/2012
Decision Date:	10/28/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/19/2014

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 Management 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:

According to the records made available for review, this is a 57-year-old female with a 11/5/12 date of injury. At the time (7/31/14) of the Decision for Lidocaine/Hyaluronic (patch) 6%, 0.2% Cream #120 Refill 6 and Flurbiprofen/Capsaicin (Patch) 10%, 0.25% Cream #120 refill, there is documentation of subjective (burning shoulder pain and burning neck pain with numbness/tingling and objective (tenderness over cervical spine with decreased range of motion, weakness over right shoulder, and sensory deficits in the right hand) findings, current diagnoses (bilateral carpal tunnel syndrome, cervical discopathy, and right shoulder impingement), and treatment to date (medications (including ongoing treatment with Lidocaine and/or Hyaluronic (patch) cream, Flurbiprofen and/or Capsaicin (patch) cream, Flexeril, Tramadol, Ondansetron, Omeprazole, and Terocin patch)). There is no documentation that antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidocaine/Hyaluronic (patch) Cream Refill 6 and Flurbiprofen/Capsaicin (Patch) cream use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (patch) 6%, 0.2% Cream #120 Refill 6,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, cervical discopathy, and right shoulder impingement. In addition, there is documentation of neuropathic pain and ongoing treatment with Lidocaine and/or Hyaluronic (patch) cream. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidocaine and/or Hyaluronic (patch) cream use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine/Hyaluronic (patch) 6%, 0.2% Cream #120 Refill 6 is not medically necessary.

Flurbiprofen/Capsaicin (Patch) 10%, 0.25% Cream #120 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, cervical discopathy, and right shoulder impingement. In addition, there is documentation of neuropathic pain and ongoing treatment with Flurbiprofen and/or Capsaicin (patch) cream. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flurbiprofen and/or Capsaicin (patch) cream use to date. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen/Capsaicin (Patch) 10%, 0.25% Cream #120 refill is not medically necessary.

