MAXIMUS Federal Services

Case Number:	CM14-0141051		
Date Assigned:	09/10/2014	Date of Injury:	04/01/2014
Decision Date:	12/02/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 Connecticut. 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 60-year-old female who reported injury on 04/01/2014. The mechanism of injury was a trip and fall on a reflector and landing on the injured worker's right shoulder. The injured worker had an x-ray of the right shoulder and the humerus, which revealed a displaced fracture of the humeral head. The injured worker was treated with a sling and medications including temazepam and Norco. The surgical history included an open reduction and internal fixation of the comminuted fracture. Other surgeries were noncontributory. The injured worker underwent postoperative physical therapy. The documentation of 08/18/2014 was for lidocaine hyaluronic patch 6%/0.2% cream quantity 120. The request was from a pharmacy. There was no Request for Authorization submitted for review for the requested medication. The documentation of 08/06/2014 was a handwritten note, which was illegible. The treatment plan included starting Neurontin 300 mg 3 times a day. The diagnoses included Reflex Sympathetic Dystrophy and right shoulder hemiarthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (patch) #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Topical Analgesics; Lidoderm; Page(s): 111; 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/search.php?searchterm=hyaluronic+acid

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, "Hyaluronic acid is a natural substance found in all living organisms and provides volume and fullness to the skin". The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of first line therapy. There was a lack of documentation indicating a rationale for the request. The duration of use could not be established through supplied documentation. There was a lack of documentation indicating a necessity to nonadherance to guideline recommendations. The request as submitted failed to indicate the frequency and the strength for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Lidocaine/Hyaluronic (patch) #120 with one refill is not medically necessary.

Flurbiprofen/Capsaic (patch) #120 with one 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 Flurbiprofen; Topical analgesics; Topical Capsaicin Page(s): 72; 111; 28.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... Capsaicin: Recommended only as an option in patients who have not

responded or are intolerant to other treatments. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation indicating that a trial of antidepressants and anticonvulsants had failed. The request as submitted failed to indicate the frequency and strength of the requested medications. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. There was a lack of documentation of exceptional factors to warrant nonadherance to guideline recommendations. Given the above, the request for Flurbiprofen/Capsaic (patch) #120 with one refill is not medically necessary.