

Case Number:	CM14-0151829		
Date Assigned:	09/19/2014	Date of Injury:	08/16/2013
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/17/2014

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 Illinois. 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 71-year-old male with a reported date of injury of 08/16/2013. The mechanism of injury was not listed in the record. The diagnoses included left shoulder and bilateral knee pain. The past treatments included pain medication. The MRI performed on 06/18/2014 revealed joint diffusion and a 1 cm cyst to the right knee. There was no relevant surgical history documented in the notes. There were no subjective complaints documented in the records. There was no physical examination documented in the notes. The medications included flurbiprofen/capsaicin patch and lidocaine/hyaluronic patch. There was no treatment plan documented in the notes. A request was received for flurbiprofen/capsaicin patch and lidocaine/hyaluronic patch. The rationale for the request was not provided. The Request for Authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Capsaicin Patch Unknown Strength: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for flurbiprofen/capsaicin patch of unknown strength is not medically necessary. The California MTUS Guidelines state that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. In regard to capsaicin, the guidelines state that it is recommended only as an option in patients who have not responded or who are intolerant to other treatments. The clinical notes lack evidence that the patient has osteoarthritis, or has not been tolerant or has not responded to other treatments to warrant the use of capsaicin or flurbiprofen. Additionally, the request as submitted did not provide a medication strength, frequency, dosage, or quantity. As such, the request is not medically necessary.

Lidocaine/ Hyaluronic Patch Unknown Strength: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for lidocaine/hyaluronic patch of unknown strength is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. Therefore, as the request for a topical compound contains a nonapproved formulation of lidocaine, the request is not supported by the evidence based guidelines. Additionally, the request as submitted does not provide a medication strength, frequency, or quantity. As such, the request for Lidocaine/ Hyaluronic Patch (Unknown Strength) is not medically necessary and appropriate.