

Case Number:	CM14-0167186		
Date Assigned:	10/14/2014	Date of Injury:	01/19/2012
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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 59 year-old male with date of injury 01/19/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as pain in the neck, right shoulder and elbow. Patient is status post cervical fusion and reconstruction to C4-C7 on 11/16/2012. Objective findings: Cervical spine: Tenderness at the cervical paravertebral muscles and pain with terminal motion. Right shoulder: Tenderness to the right shoulder anteriorly. Positive impingement Hawkin's sign. Pain with terminal motion with limited range of motion. Right elbow: Tenderness at the lateral epicondyle greater than medial aspect. Pain with terminal flexion. Positive Cozen's sign. Positive Tinel's sign. Diagnosis: 1. Cervicalgia 2. Cervical spinal stenosis 3. Lumbago 4. Cubital tunnel syndrome 5. Joint derangement, right shoulder 6. Internal derangement, right knee. The medical records supplied for review document that the patient was first prescribed the following medications on 09/02/2014. Medications: 1. Flurbiprofen/Capsaic (patch), #1202. Lidocaine/Hyaluronic (patch), #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaic (patch) #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. 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. The request for Flurbiprofen/Capsaic (patch) #120 with 2 refills is not medically necessary.

Lidocaine/Hyaluronic (patch) #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hyaluronic acid is currently not recommended for topical application. The request for Lidocaine/Hyaluronic (patch) #120 with 2 refills is not medically necessary.