

Case Number:	CM14-0178848		
Date Assigned:	11/03/2014	Date of Injury:	02/28/2011
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Texas and 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 patient is a 59 year old male who was injured on 2/28/2011. The diagnoses are cervical radiculopathy, bilateral shoulder pain, lumbar radiculopathy, neck, shoulder. There are associated diagnoses of anxiety, depression, insomnia and headaches. The past surgery history is significant for cervical fusion surgeries with swallowing and nerve complications. The patient completed PT and interventional pain injections. The MRI of the lumbar spine showed facet arthropathy and disc bulges. The MRI of the cervical spine showed multilevel disc bulge and neural foramina narrowing. The EMG showed L5, S1 radiculopathy. On 8/27/2014, [REDACTED] noted subjective complaints of shoulder pain and low back pain. The sensory level was intact at all the dermatomes. A further course of PT was recommended. The medications are Norco, Ultram and the topical products for pain. He is also utilizing Lyrica, Remeron, Ambien and Imitrex. A Utilization Review determination was rendered on 9/30/2014 recommending non certification for compound topical preparations Capsaicin 0.02677885%/Flurbiprofen 10.7114%/ PCCA Lipoderm base 89.2618%, Hyaluronic acid 0.166389%/Lidocaine 4.4991685PCCA Lipoderm base 94.94.84419% date of service 8/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin powder 0.0267785% Flurbiprofen powder 10.7114% PCCA Lipoderm base 89.2618% dispensing fee compounding fee DOS: 08/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized in the treatment of localized neuropathic pain that did not respond to standard treatment with orally administered first line anticonvulsant and antidepressant medications. The records indicate that the pain is located in multiple body regions not localized neuropathic pain. There is no documentation of failure of first line oral anticonvulsant and antidepressant medications. The record did show that the patient was on Lyrica but there was no documentation of treatment failure. The guidelines recommend the use of antidepressants for the treatment of neuropathic and chronic pain syndrome when there is co-existing history of insomnia, depression and anxiety disorder. It is recommended that compound topical medications be utilized individually to evaluate efficacy. There is lack of guideline support for the formulation of capsaicin or Lidocaine with other products. The criteria for the use of Capsaicin powder 0.0267789% / Flurbiprofen powder 10.7114% / PCCA Lipoderm base 89.26185% date of service 8/19/2014. Therefore, this request is not medically necessary.

Hyaluronic acid SOD salt powder 0.166389% Lidocaine powder 4.99168%PCCA Lipoderm base 94.8419% dispensing fee compounding fee DOS: 8/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized in the treatment of localized neuropathic pain that did not respond to standard treatment with orally administered first line anticonvulsant and antidepressant medications. The records indicate that the pain is located in multiple body regions not localized neuropathic pain. There is no documentation of failure of first line oral anticonvulsant and antidepressant medications. The record did show that the patient was on Lyrica but there was no documentation of treatment failure. The guidelines recommend the use of antidepressants for the treatment of neuropathic and chronic pain syndrome when there is co-existing history of insomnia, depression and anxiety disorder. It is recommended that compound topical medications be utilized individually to evaluate efficacy. There is lack of guideline support for the formulation of hyaluronic acid SOD salt powder 0.166389% or Lidocaine powder with other topical products. The criteria for the use of Hyaluronic acid SOD salt powder 0.166389% /Lidocaine powder 4.99168% / PCCA Lipoderm base 94.8419% date of service 8/19/2014. Therefore, this request is not medically necessary.

