

Case Number:	CM14-0020771		
Date Assigned:	04/30/2014	Date of Injury:	08/15/2011
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 34 year old male with an injury reported on 08/15/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/14/2014 reported that the injured worker complained of neck and low back pain. Upon physical examination the injured worker had slight tenderness along the paravertebrals bilaterally, and rigidity of the trapezius was noted. It was also noted that sensation was intact to light touch and pinprick in all dermatomes in the bilateral upper extremities. The injured worker's prescribed medication list included Norco 10/325mg, Flexeril 10mg, and Medi-patch. The injured worker's diagnoses included cervical sprain, trapezia sprain, cervical radiculopathy, lumbar strain, lumbar disc protrusion, depression and insomnia. The provider requested Medipatch (capsaicin 0.035%, lidocaine 2%, menthol 5%, and methyl salicylate 0.2%), rationale was not provided. The request for authorization was submitted on 02/19/2014. The injured worker's prior treatments included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIPATCH (CAPSAICIN 0.035%, LIDOCAINE 2%, MENTHOL 5%, AND METHYL SALICYLATE .20%) #30: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Medipatch (capsaicin 0.035%, lidocaine 2%, menthol 5%, and methyl salicylate 0.2%) #30 is non-certified. The injured worker complained of neck and low back pain. The injured worker's prescribed medication list included Norco 10/325mg, Flexeril 10mg, and Medi-patch. The CA MTUS guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines also state topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines continue and state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The provider requested Medi-patch (capsaicin 0.035%, lidocaine 2%, menthol 5%, and methyl salicylate 0.2%), rationale was not provided. There is a lack of information provided documenting the efficacy of the Medi-patch as evidenced by decreased pain and significant objective functional improvements. Moreover, Capsaicin has a strength of 0.035%, which is not shown to be any more effective than 0.025% and is not recommended by the guidelines. Furthermore, no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore, the combination of Lidocaine with any other topical medication is not recommended per guidelines. Therefore, the request is not medically necessary and appropriate.