

<b>Case Number:</b>	CM14-0033776		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Emergency 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 injured worker is a 35-year-old female, who sustained an injury on April 25, 2011. The mechanism of injury is not noted. Diagnostics have included: cervical MRI (magnetic resonance imaging) (no details noted), electromyography (EMG)/NCS (nerve conduction study) (no details noted). The treatments have included: medications, activity restriction, C5-7 cervical fusion, physical therapy. The current diagnoses are: lumbago, cervicgia, cervical disc displacement, shoulder pain, wrist pain, status post C5-7 cervical fusion, shoulder impingement, carpal tunnel/double crush syndrome. The stated purpose of the request for Lidocaine/hyaluronic patch 6% 0.2% cream #120 with 2 refills, was not noted. The request for Lidocaine/hyaluronic patch 6% 0.2% cream #120 with 2 refills, was denied on March 12, 2014, noting that compounded topical medications are considered experimental with minimal scientific evidence of efficacy. The stated purpose of the request for Gab/Lid/Cap/Men/Cam (patch) 10%/2%/0.025%/10%/5% gel #120 with two refills, was not noted. The request for Gab/Lid/Cap/Men/Cam (patch) 10%/2%/0.025%/10%/5% gel #120 with two refills, was denied on March 12, 2014, noting that compounded topical medications are considered experimental with minimal scientific evidence of efficacy. Per the report dated February 6, 2014, the treating physician noted complaints of pain in the right shoulder and neck, with arm numbness and weakness as well as headaches. Exam findings included: right trapezius tenderness with spasms, restricted cervical range of motion, decreased C5 -6 sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription for Lidocaine/hyaluronic (patch) 6%/0.2% cream, #120 with two (2) refills:**  
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): 111-113.

**Decision rationale:** The requested Lidocaine/hyaluronic patch 6% 0.2% CRM #120 with 2 refills, is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) do not recommend topical analgesic creams as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. In this case, the injured worker has right shoulder and neck pain. The treating physician has documented restricted cervical range of motion with trapezius tenderness and spasm, as well as reduced C5-6 sensation. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The MTUS guidelines criteria are not met. As such, the request for Lidocaine/hyaluronic (patch) 6%/0.2% cream, #120 with two (2) refills, is not medically necessary.

**Prescription for Gab/Lid/Cap/Men/Cam (patch) 10%/2%/0.025%/10%/5% gel, #120 with two (2) refills:** 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): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) do not recommend topical analgesic creams as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. In this case, the injured worker has right shoulder and neck pain. The treating physician has documented restricted cervical range of motion with trapezius tenderness and spasm, as well as reduced C5-6 sensation. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The MTUS guidelines criteria are not met. As such, the request for Gab/Lid/Cap/Men/Cam (patch) 10%/2%/0.025%/10%/5% gel, #120 with two (2) refills, is not medically necessary.