

Case Number:	CM14-0042880		
Date Assigned:	06/30/2014	Date of Injury:	10/21/2010
Decision Date:	08/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/10/2014

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 American Board of Family Practice 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 claimant is a 37 year old male who sustained a cumulative work injury from 11/3/03-10/14/10 involving the neck and left shoulder. He has a diagnosis of cervical discopathy and left rotator cuff tear. He underwent shoulder arthroscopy and subacromial decompression. A progress note on 10/29/13 indicated the claimant has trapezial muscle spasms, a positive Spurling's maneuver, left shoulder impingement findings and lumbar paravertebral tenderness. The treating physician provided Lidocaine/Hyaluronic patch 6%, 0.2% and Flubiprofen/Capsaic patch 10%, 0.025% for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

#120 lidocaine/hyaluronic patch 6%, 0.2%: 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: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hyaluronic acid is not part of the recommended list for topical analgesics. Based on inadequate support for use of Lidocaine and compound combination with Hyaluronic, the Lidocaine/Hyaluronic Patch (# 120) 6%, 0.2% is not medically necessary.

#120 flubiprofen/capsaic patch 10%, 0.025%: 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: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hyaluronic acid is not part of the recommended list for topical analgesics. Based on inadequate support for use of Lidocaine and compound combination with Hyaluronic, the Lidocaine/Hyaluronic Patch (# 120) 6%, 0.2% is not medically necessary.