

Case Number:	CM14-0045054		
Date Assigned:	07/02/2014	Date of Injury:	01/19/2012
Decision Date:	08/27/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Management and is licensed to practice in 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 injured worker is a 59-year-old male with a reported date of injury on 01/19/2012. The mechanism of injury was noted to be repetitive trauma. His diagnoses were noted to include status post cervical reconstruction of C4-7, rule out internal derangement to the right shoulder, carpal tunnel/double crush syndrome, right De Quervain's, right cubital tunnel syndrome with olecranon bursitis, lumbar discopathy, rule out internal derangement of left hip and status post left knee arthroscopic surgery. His previous treatments were noted to include physical therapy, a knee brace, injections and medications. The progress note dated 02/10/2014 revealed that the injured worker complained of right shoulder and right knee pain with swelling. The physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and pain with terminal motion. The physical examination of the right shoulder revealed tenderness at the right shoulder anteriorly with a positive impingement, Hawkins sign and pain with terminal motion which limited the range of motion. The physical examination to the right elbow noted tenderness at the right elbow lateral epicondyle, greater than the medial aspect, and pain with terminal flexion. There were positive Cozen's and Tinel's signs at the elbow. The physical examination of the bilateral wrists/hands noted positive Tinel's and Phalen's signs and pain with terminal flexion. There was tenderness at the first dorsal compartment and a positive Finkelstein's sign as well as dysesthesias at the radial digits. The physical examination of the lumbar spine revealed pain and tenderness of the mid to distal lumbar segments as well as paravertebral muscle spasms. The standing flexion and extension were noted to be guarded and restricted, and the radicular pain component of the lower extremities was noted on the right side more than the left. The provider indicated that this appeared to be at the L5 roots and dermatome. The provider revealed some pain and tenderness with internal rotation and external rotation to the left hip. The provider indicated that there was tenderness at the knee joint line

with minimal swelling and a positive McMurray's and patellar compression test. There was pain with terminal flexion noted, and the injured worker walked with a slight limp, favoring the right side. The Request for Authorization form was not submitted within the medical records. The request was for lidocaine/hyaluronic (patch) 6% / 0.2% cream (Quantity: 120.00) and gab/lid/aloe/cap/men/camp (patch) 10% / 2% / 5% / 0.25% / 10% gel (Quantity: 120.00); however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/hyaluronic (patch) 6% 0.2% cream Qty: 120: Upheld

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

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

Decision rationale: The injured worker complained of pain to his neck, right shoulder and right knee with swelling. The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). 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 do not recommend topical lidocaine for non-neuropathic pain, and there was only 1 trial that tested 4% lidocaine for the treatment of chronic muscle pain, and the results showed that there was no superiority over placebo. There was a lack of documentation regarding neuropathic pain to warrant topical lidocaine, and there is no guideline recommendation for topical hyaluronic acid. Additionally, the guidelines recommend the Lidoderm patch for neuropathic pain, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Gab/lid/aloe/cap/men/cam (patch) 10%2%. 5%.0.25% 10% gel Qty: 120: 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): 111-114..

Decision rationale: The injured worker complained of pain to his neck, right shoulder and right knee with swelling. The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend topical lidocaine for non-neuropathic pain, and there was only 1 trial that tested 4% lidocaine for the treatment of chronic muscle pain, and the results showed that there was no superiority over placebo. The guidelines recommend capsaicin only as an option in injured workers who have not responded to or who are intolerant to other treatments. The formulation of capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy and post mastectomy pain). 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 do not recommend topical gabapentin, as there is no peer-reviewed literature to support the use. The guidelines state that any compounded agent that contains at least 1 drug or drug class that is not recommended is not recommended; and therefore, Gabapentin is not recommended. Also, the capsaicin 0.25% exceeds the guideline recommendations. Additionally, lidocaine is recommended for neuropathic pain in the formulation of a Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.