

Case Number:	CM14-0045503		
Date Assigned:	06/27/2014	Date of Injury:	11/07/1977
Decision Date:	08/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 Family 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 56 year-old male that sustained a cumulative work injury from 11/07/1977-01/31/2012 involving the low back and neck. He was diagnosed with cervical discopathy, bilateral carpal tunnel syndrome, lumbar discopathy and bilateral knee meniscal tears. His pain had been managed with NSAIDs, muscle relaxants and opioids. He had undergone physical therapy. On 03/10/2014 the treating physician requested a topical of lidocaine/hyaluronic (Patch) 6% 0.2% and Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10% 2% 5% for pain.

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 quantity #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: According to the MTUS guidelines, topical analgesics are recommended as an option, but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is

not recommended would not be recommended. 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). In this case, there is no documentation of failure of first-line medications. In addition, other topical formulations of lidocaine are not approved. Hyaluronic acid also lacks clinical evidence for efficacy. Therefore the Lidocaine/hyaluronic (Patch) 6% 0.2% cream quantity #120 is not medically necessary.

Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10% 2% 5% quantity #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: According to the MTUS guidelines, topical analgesics are recommended as an option, but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended would not be recommended. 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). In this case, there is no documentation of failure of first-line medications. In addition, other topical formulations of lidocaine are not approved. Hyaluronic acid also lacks clinical evidence for efficacy. Therefore the Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10% 2% 5% quantity #120 is not medically necessary.