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| Case Number: | CM14-0048104 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 07/07/1986 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 Interventional Spine 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 patient is a 56 year old with an injury date on 7/7/86. Based on the 3/10/14 progress report provided by [REDACTED] the diagnosis is lumbosacral neuritis. Exam on 3/10/14 showed "L-spine has positive tenderness to palpation across paraspinals. Positive stiffness and limited range of motion." [REDACTED] is requesting 120 Lidocaine/Hyaluronic patch 6% / 0.2% CRM with 6 refills and 120 Fluriprofen/Capsacin patch 10% / 0.025% CRM with 6 refills. The utilization review determination being challenged is dated 3/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/18/13 to 5/20/14 .

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% CRM with 6 refills ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications, Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with lower back pain with radicular pain. The treater has asked for 120 Lidocaine/Hyaluronic patch 6% / 0.2% CRM with 6 refills but the request for

authorization was not included in provided reports. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine/hyaluronic patch is a compound of lidocaine and hyaluronic acid. Hyaluronic acid is not discussed as a topical medication per MTUS or ODG guidelines. As topical hyaluronic acid is not indicated, the entire requested compounded Lidocaine/hyaluronic Acid patch is not indicated. The request is not medically necessary.

120 Flurbiprofen/Capsaic patch 10%/0.025% CRM with 6 refills (██████████): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with lower back pain with radiculopathy. The treater has asked for 120 Fluriprofen/Capsacin patch 10% / 0.025% CRM with 6 refills but the request for authorization was not included in provided reports. MTUS for topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, patient presents with radicular lumbar symptoms and not with osteoarthritis for which this topical NSAID is indicated. Requested Fluriprofen/Capsacin patch is not medically necessary for this type of conditon. The request is not medically necessary.