

Case Number:	CM14-0053157		
Date Assigned:	07/07/2014	Date of Injury:	03/10/2003
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 Tennessee. 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 55-year-old female who has submitted a claim for status post total knee arthroplasty and decompression of peroneal nerve and lumbosacral neuritis associated with an industrial injury date of 03/10/2003. Medical records from 2013 to 2014 were reviewed. Patient complained of persistent numbness and tingling sensation at the right lower extremity status post decompression of peroneal nerve. She likewise reported of low back pain associated with muscle spasm, graded 8/10 in severity. Physical examination showed positive Tinel's sign over the scar area. Weakness was noted at great toe extensor, right graded 4/5. Treatment to date has included total knee arthroplasty and decompression of the peroneal nerve, lumbar spine fusion L1-L5, physical therapy, and medications such as naproxen, cyclobenzaprine, omeprazole, tramadol, Celebrex, Terocin patch, and topical products. Utilization review from 03/25/2014 denied the request for Lidocaine/Hyaluronic 6%0.2% Cream 120gm #1 and Gab/Lid/Aloe/Cap/Men/Cam 10%2%0.5%0.25%10%5% gel 120gm #1 because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic 6%0.2% Cream 120gm #1: 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: Pages 111-113 of the CA 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. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The guidelines do not address hyaluronic in topical formulation. In this case, the compounded product was prescribed as adjuvant treatment to oral medications. However, it contains lidocaine that is not recommended for topical use. The guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Lidocaine/Hyaluronic 6%0.2% Cream 120gm #1 is not medically necessary.

Gab/Lid/Aloe/Cap/Men/Cam 10%2%0.5%0.25%10%5% gel 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The compound gabapentin does not show consistent efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Capsaicin in a 0.0375% formulation is not recommended for topical applications. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, camphor, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor and aloe. In this case, the compounded product was prescribed as adjuvant treatment to oral medications. However, it contains lidocaine and gabapentin that are not recommended for topical use. The guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Gab/Lid/Aloe/Cap/Men/Cam 10%2%0.5%0.25%10%5% gel 120gm #1 is not medically necessary.