

Case Number:	CM14-0065778		
Date Assigned:	07/11/2014	Date of Injury:	02/24/2011
Decision Date:	09/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female who reported injury on 02/24/2011. The mechanism of injury was not provided. The prior treatments were noted to include a left shoulder surgery. Other therapies included physical therapy. The other surgical interventions were noncontributory. The prior diagnostic studies included x-rays, MRIs and EMGs. Other medications were noted to include Terocin patches. The documentation of 03/25/2014 revealed the injured worker had complaints of pain in the neck and left shoulder. The injured worker was noted to have secondary headaches. The physical examination revealed asymmetry of the neck and shoulders with tilting of the head and neck to the left. Upon axial compression, the injured worker had left trapezius tenderness on the cervical spine. The injured worker had decreased range of motion of the cervical spine. The injured worker was noted to have an MRI of the cervical spine. The motor strength was 5/5 in all upper extremity groups. The injured worker had diminished sensation to light touch over the C4 and C5 dermatomes. The diagnoses included degeneration of the cervical intervertebral disc and cervical disc displacement as well as cervical radiculitis. The treatment plan included a C2 block. Additional treatments included Norco tablets 10/325 mg, Soma tablets 350 mg tablets, and no refills. There was no Request for Authorization for the requested medications and there were no physician notes for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Capsaic (Patch) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Topical Capsaicin Page(s): 72, 111, 28.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to indicate the injured worker had a trial of antidepressants and anticonvulsants that had failed. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The duration of use could not be established. The request as submitted failed to indicate the frequency and the strength for the requested patch. Given the above, the request for Flurbiprofen Capsaicin patch #120 is not medically necessary.

Lidocain/hyaluronic (Patch) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111, 112. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/hyaluronic-acid-derivatives.html>.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per drugs.com, unlabeled uses to include hyaluronic derivatives include the treatment of osteoarthritis of the hand, hip or temporomandibular joint as well as treatment of nonradicular pain in the lumbar spine. There was a lack of documentation indicating a trial and failure of a first line therapy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was no rationale submitted for the use of a lidocaine/hyaluronic patch. The request as submitted failed to indicate the frequency and strength for the requested

medication. The duration of use could not be established. Given the above, the request for lidocaine/hyaluronic patch #120 is not medically necessary.