

Case Number:	CM14-0073885		
Date Assigned:	07/16/2014	Date of Injury:	05/11/2012
Decision Date:	09/09/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine & Rehabilitation 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 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:

According to the records made available for review, this is a 36-year-old female with a 5/11/12 date of injury. At the time (4/30/14) of the request for authorization for 120 Flurbiprofen/Capsaic patch and 120 Lidocaine/Hyaluronic patch, there is documentation of subjective (minimal symptoms of pain, the rest is illegible due to handwritten note) and objective (illegible due to handwritten note) findings, current diagnoses (carpal tunnel syndrome, lateral epicondylitis, shoulder (illegible), and cervical spondylosis), and treatment to date (medication including opioids and a home exercise program). Regarding 120 Flurbiprofen/Capsaic patch, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and that patient has not responded or is intolerant to other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Flurbiprofen/Capsaic patch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal antiinflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Guideline Clearinghouse National Institutes of Health PubMed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs); Capsaicin, Topical Page(s): 111-112; 28-29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: Regarding topical NSAIDs, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Regarding capsaicin cream, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that patient has not responded or is intolerant to other treatments, as criteria necessary to support the medical necessity of topical capsaicin in a 0.025% formulation. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that 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. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, lateral epicondylitis, shoulder (illegible), and cervical spondylosis. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). In addition, there is no documentation that patient has not responded, or is intolerant to other treatments. Therefore, based on guidelines and a review of the evidence, the request for 120 Flurbiprofen/Capsaic patch is not medically necessary.

120 Lidocaine/Hyaluronic patch: 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): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of decreased calcaneal inclination angle, secondary to crush injury; crush injury subtalar joint and ankle joint; traumatic arthritis subtalar joint; atrophy of the left lower extremity; plantar fasciitis bilaterally; antalgic gait; leg-length discrepancy; strain, left knee, hip and back; and swelling of the ankle and foot. However, the requested 120 Lidocaine/Hyaluronic patch contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 120 Lidocaine/Hyaluronic patch is not medically necessary.

