

<b>Case Number:</b>	CM14-0074008		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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:

This injured worker is a 36 year old female with a date of injury of May 11, 2012. She has chronic musculoskeletal complaints including epicondylitis, C5-C7 cervical reconstruction, carpal tunnel/double crush syndrome, and left shoulder impingement syndrome with labral tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriprofen/Capsaicin patch 10 % / 0.025 %:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,Capsaicin Page(s): 111,112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

**Decision rationale:** Per the Medical Treatment Utilization Schedule and Official Disability Guidelines, Capsaicin is recommended only as an option for those unresponsive or intolerant to other treatments. Per these guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not considered medically necessary. In addition, Flurbiprofen is the same class as Ketoprofen, which is not Food and Drug Administration approved for topical application due to the high rate of photocontact dermatitis.

**Lidocaine/Hyaluronic patch 6 % / 0.2 %:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine topical Page(s): 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,Capsaicin Page(s): 111,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

**Decision rationale:** Per the Medical Treatment Utilization Schedule and Official Disability Guidelines, the lidocaine patch (Lidoderm, generic available) may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin/norepinephrine reuptake inhibitors anti-depressants or an antiepileptic drug such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. There is no evidence that this worker has been treated with a first-line therapy for her chronic pain. There is no evidence that this worker's pain is neuropathic. In addition, any product that contains at least one drug (or drug class) that is not recommended is not medically necessary. Hyaluronic acid is not addressed in the guidelines and there is no evidence it has any role in the treatment of chronic pain.