

<b>Case Number:</b>	CM14-0083155		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 37-year-old female was reportedly injured on 10/21/2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 2/4/2014, indicated that there were ongoing complaints of neck pain, left shoulder, lumbar spine and elbow pains. The physical examination demonstrated cervical spine tenderness of cervical paravertebral muscles and upper trapezius with spasm, positive axial loading and Spurling's test, decreased C5-C6 dermatome. There was also shoulder tenderness anterior aspect of the left shoulder, positive impingement and Hawkin's sign, pain with motion. The bilateral elbows had positive tenderness at the medial aspect of the elbows, tenderness at the olecranon fossa. Palpable ulnar nerve was with subluxation. Residual decreased sensation at the ulnar digits. There were lumbar spine tenderness at the lumbar paravertebral muscles and pain with terminal motion. Seated nerve root test was positive. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request had been made for flurbiprofen/capsaicin 10%, 0.25% cream #120, lidocaine/hyaluronic 6%, 0.2% cream #120 and was not certified in the pre-authorization process on 5/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin 10%, 0.25% cream #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Topical analgesics are as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are also primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed according to Chronic Pain Medical Treatment Guidelines. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There was little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this request is deemed not medically necessary.

**Lidocaine/Hyaluronic 6%, 0.2% cream #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Topical analgesics are an option as indicated below. They 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 according to Chronic Pain Medical Treatment Guidelines. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There was little to no research to support the use of many of these agents. Any compounded product, that contains at least one drug (or drug class), that is not recommended, is not recommended. Therefore, this request is deemed not medically necessary.