

Case Number:	CM14-0087616		
Date Assigned:	07/23/2014	Date of Injury:	01/03/2013
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Florida. 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 41-year-old female who reported an injury on 01/03/2013 caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, acupuncture sessions, medications and epidural steroid injections. The injured worker was evaluated on 05/14/2014. It was documented the injured worker had severe low back pain that radiated to the left lower extremity with associated numbness. Her pain level was 7/10 to 8/10. She was taking Ibuprofen for pain but only received limited relief temporarily. Diagnoses included disc protrusion at L4-5, mild active left L5 radiculopathy, lumbosacral myoligamentous strain, S/P lumbar epidural times 3 and S/P lumbar laminectomy/microdiscectomy. Medications included Voltaren ER 100 mg, Omeprazole 20 mg, Norco 5/325 mg, EnovaRX-ibuprofen 10% cream 60 gm, and Xolido 2% cream. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EnovaRX-ibuprofen 10% cream 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate the topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate that any compounded product contains at least (or drug class) that is not recommended. Any compounded product that contains at least one or more drug class is not recommended. There was no evidence for use of any other muscle relaxant as a topical product. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is 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. The documents submitted indicated the injured worker had conservative care however the outcome measurements were not provided. In addition the request lacked frequency, duration and location where topical cream should be applied on injured worker. Given the above, the request for Enova RX-Ibuprofen 10% cream gm is not medically necessary.

Xolido (Lidocaine Hydrochloride) 2% cream 118 ml: 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): 112-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one or more drug class is not recommended. There is no evidence for use of any other muscle relaxant as a topical product 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documents submitted indicated the injured worker had conservative care however the outcome measurement was not provided. In addition, the request lacked frequency, duration and location where topical cream should be applied on the injured worker therefore Xolido (Lidocaine Hydrochloride) 2% cream 118 ml is not medically necessary.