MAXIMUS Federal Services

Case Number:	CM14-0094790		
Date Assigned:	09/22/2014	Date of Injury:	12/12/2005
Decision Date:	12/10/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Interventional Spine 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 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 patient is a 64 year old female with an injury date of 12/12/05. Based on the progress report dated 05/15/14 provided by [redacted]., the patient chiefly complains of lower back and right knee pain. The patient is status post lumbar spine surgery with 50% improvement. Physical examination of the lumbar spine reveals diffused tenderness in L1-S1 region along with diffused tenderness in the bilateral knees. As per the progress report dated 01/24/14 provided by [redacted], the patient cannot bear weight on legs. Progress report dated 01/21/14 provided by [redacted] states that the patient suffers from intermittent neck pain and intermittent bilateral shoulder pain. The patient is receiving physical therapy for right foot and angle, per progress report dated 05/15/14. She uses wheel walker with seat for mobility support. She is doing home exercises and has also received Depo Medrol/ Xylocaine injection. Progress report dated 01/24/14 states that physical therapy helped improve the range of motion in the patient's right foot. Another progress report dated 01/21/14 states that the patient received acupuncture for bilateral extremities.Diagnosis, 05/15/14- Cervical Thoracic Strain/ Arthrosis- Bilateral Shoulder Impingement Syndrome with acromial clavicular joint arthrosis and possible rotator cuff tear.- Strain of the Bilateral Elbows- Left Carpal Tunnel Syndrome- Carpometacarpal Joint Arthrosis of the Left Thumb- Bilateral Knee Arthrosis- Right Foot and Ankle Sprain[redacted]. [redacted] is requesting for compound Naproxen 20% / Lidoderm cream 5% cream 120 gm. The utilization review determination being challenged is dated 05/28/14. The rationale was the guidelines "do not support topical analgesics since they are largely experimental in use with few randomized controlled trials to determine efficacy or safety." Treatment reports were provided from 11/20/13 - 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Naproxen 20%/Lidoderm Cream 5% Cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is status post lumbar spine surgery with 50% improvement with chief complaints of lower back and right knee pain, per progress report dated 05/15/14. The request is compound Naproxen 20% / Lidoderm Cream 5% Cream 120 gm. The patient has received physical therapy for foot and ankle, per progress report dated 05/15/14. The MTUS guidelines do not support the use of topical NSAIDs such as Naproxen for axial, spinal pain, but support its use for peripheral joint arthritis and tendinitis. The patient suffers from pain in many parts of her body. The treater does not mention the parts where the cream will be applied. The MTUS has the following regarding topical creams (p111, chronic pain section): " Lidocaine Indication: Neuropathic pain. 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). 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." The requested topical ointment is not indicated by MTUS. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Lidocaine is recommended only in a patch form, and not in any other formulation such as cream, lotion or gels. Recommendation is not medically necessary and appropriate.