

<b>Case Number:</b>	CM14-0193159		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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:

This patient is a 34 year old female with a date of injury of 9/8/13. The listed diagnoses are disc disorder lumbar and s/p laminectomy and discectomy on 7/10/14. Per treating physician report dated 10/23/14, the patient has constant pain in the low back with radiation of pain into the lower extremities. The patient pain is 8/10 and "worsening." Physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive and flexion and extension are guarded and restricted. Treatment plan is for refill of medications, MRI of the lumbar spine and a course of physical therapy. The Utilization review denied the requests on 11/12/14. Treatment reports from 12/17/13 through 10/23/14 are provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/capsaicin patch 10% 0.25% #120 refill 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from chronic low back pain. This topical compound medication is not medically necessary.

**Lidocaine/Hyaluronic Patch 6 percent 0.2 percent #120 Refill 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain chapter

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

**Decision rationale:** The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Hyaluronic acid is only supported by ODG (Knee and Leg chapter) for injections to treat severe osteoarthritis and not for topical use. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Lidocaine is not supported by MTUS for topical application and states, "No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Therefore, the entire compound cream cannot be supported. This topical compound medication is not medically necessary.