

<b>Case Number:</b>	CM14-0199962		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab 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 60 year-old patient sustained an injury on 8/8/08 while employed by [REDACTED]. Request(s) under consideration include Lidocaine/hyaluronic patch 6%/0.2% #120 (6 refills) and Flurbiprofen 10%, capsaicin 0.025% patch, 120 grams (6 refills). Diagnoses include cervical disc displacement/ degeneration/ radiculitis s/p C5-7 fusion; carpal tunnel syndrome; lumbar disc displacement/ radiculopathy. Conservative care has included medications, therapy, epidural steroid injections, and modified activities/rest. Report from the provider noted chronic ongoing symptoms of lower back radiating pain with burning and numbness. Exam showed unchanged findings of tenderness, restricted range in all planes of cervical and lumbar spine; decreased sensation in C5, C6, C7 dermatomes with 5/5 motor strength in upper and lower extremities. Treatment plan included continued medications. Medications list Xanax, Norco, Neurontin, Soma, Roxicodone, and topicals. The request(s) for Lidocaine/hyaluronic patch 6%/0.2% #120 (6 refills) and Flurbiprofen 10%, capsaicin 0.025% patch, 120 grams (6 refills) were non-certified on 10/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/hyaluronic patch 6%/0.2% #120 (6 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2008 without documented functional improvement from treatment already rendered. The Lidocaine/hyaluronic patch 6%/0.2% #120 (6 refills) is not medically necessary and appropriate.

**Flurbiprofen 10%, capsaicin 0.025% patch, 120 grams (6 refills):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2008 without documented functional improvement from treatment already rendered. The Flurbiprofen 10%, capsaicin 0.025% patch, 120 grams (6 refills) is not medically necessary and appropriate.