

Case Number:	CM14-0203243		
Date Assigned:	12/15/2014	Date of Injury:	01/22/2010
Decision Date:	02/12/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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:

This is a 60 year old female who sustained a work related injury on January 22, 2010. The mechanism of injury was cumulative trauma while working as a file clerk. The injured worker reported neck and low back pain. She was diagnosed with a lumbar sprain, cervicgia, lumbago, cervical and lumbar radiculopathy. There is associated diagnosis of depression that is being treated with Cymbalta and Wellbutrin. On October 16, 2014 [REDACTED] noted subjective complaint of constant cervical spine pain that radiated into the upper extremities and was aggravated by repetitive movements of the neck. The pain was described as sharp and rated a seven out of ten on the Visual Analogue Scale. The injured worker also reported sharp low back pain that radiated into the lower extremities. The pain level was noted to be six out of ten on the Visual Analogue Scale. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Range of motion was limited due to pain. A positive loading compression test was noted. Spurling's maneuver was also positive. There was numbness and tingling into the anterolateral shoulder and arm as well as lateral forearm and hand. Examination of the lumbar spine showed palpable muscle tenderness with spasm. A seated nerve root test was positive. Standing range of motion flexion and extension was guarded and restricted. Sensation and strength were normal. Cervical flexion and extension x-ray findings revealed disc space height narrowing. Flexion and extension x-rays of the lumbar spine revealed no abnormalities. Work status was modified with restrictions. The patient was prescribed oral gabapentin and Naproxen. The treating physician requested Lidocaine 6%/Hyaluronic 0.2% patch cream # 120 with one refill and Flurbiprofen 10%/Capsaicin 0.25% patch cream # 120 with one refill. Utilization Review evaluated and denied the requests on November 6, 2014. Utilization Review denied the request for Lidocaine 6%/Hyaluronic 0.2%

patch cream # 120 with one refill citing MTUS Guidelines. The request for Flurbiprofen 10%/Capsaicin 0.25% patch cream was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6% /Hyaluronic 0.2% patch cream #120 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatments with first line anticonvulsant and antidepressant medications have failed. It is recommended that topical products be utilized individually to evaluate efficacy. The records indicate that the patient is utilizing oral anticonvulsants and antidepressant medications. The patient had not failed these first line medications. The patient did not have subjective or objective findings consistent with localized neuropathic pain such as complex regional pain syndrome (CRPS). There is lack of guideline support for the use of topical hyaluronic acid for the treatment of neck and back pain. Therefore, this request is not medically necessary.

Flurbiprofen 10% /Capasaic .025% patch cream #120 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications has failed. It is recommended that topical products be utilized individually to evaluate efficacy. The records indicate that the patient is utilizing oral anticonvulsants and antidepressant medications. The patient had not failed these failed these first line medications. The patient did not have subjective or objective findings consistent with localized neuropathic pain such as complex regional pain syndrome (CRPS). The patient is also utilizing oral non-steroidal anti-inflammatory drugs (NSAIDs). The utilizing of a combination of topical and oral NSAIDs is associated with increased risk of NSAIDs related complications. As such, this request is not medically necessary.

