

Case Number:	CM14-0203432		
Date Assigned:	12/15/2014	Date of Injury:	09/26/2008
Decision Date:	05/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 63 year old male who sustained an industrial injury on 9/26/2008. His diagnoses, and/or impressions, include: lumbar disc degeneration with lumbar facet arthropathy and lumbar stenosis; and chronic pain. Current magnetic resonance imaging studies are not noted. His treatments have included bilateral lumbar median branch nerve injections (9/3/14) - with 50-80% improvement; thoracic discectomy; and medication management. The progress notes of 10/15/2014, shows complaints of radiating neck pain into the upper extremities, and associated with bilateral occipital headaches; and radiating low back pain into the lower extremities, with muscle spasms. The physician's requests for treatments included topical compound cream Flurbiprofen/Capsaicin and topical compound cream Lidocaine/Hyaluronic 6%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Medication Flurboprofen/Capsaic 10% .025% #120: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: 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. MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Topical Medication Flurbiprofen/Capsaic 10% .025% #120 is not medically necessary.

Topical Medication Lidocaine/ Hyaluronic 6% .2% #120: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: 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. ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). MTUS indicates lidocaine Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Topical Medication Lidocaine/ Hyaluronic 6% .2% #120 is not medically necessary.