

Case Number:	CM14-0205294		
Date Assigned:	12/17/2014	Date of Injury:	06/15/2000
Decision Date:	02/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 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 injured worker is a 56-year-old smoker who reported injuries after crawling under a desk on 06/15/2000. On 11/20/2014 his diagnoses included chronic low back pain with leg pain, L1-3 fusion, L4-5 fusion, myofascial pain/spasm, chronic neck and arm pain, cervical spondylosis, seizure disorder, hypertension, and history of renal failure. He was 1 month postsurgical hardware removal. His back was still sensitive after the surgery. His complaints included neck pain with headaches. His medications included Cymbalta 60 mg, Fentora 400 mcg, Lexapro 10 mg, methadone 5 mg, MiraLAX 17 grams, morphine ER 60 mg, morphine 15 mg, Prilosec 20 mg, Sumavel DosePro 6 mg/0.5 mL, trazodone 100 mg. On 11/17/2014, it was noted that medications being refilled by a different provider would be noted under a separate cover letter. The letter was not included in the submitted documentation. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.025% Patch #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 rationale: The request for Flurbiprofen 10%, Capsaicin 0.025% Patch #120 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain relief. There is little to no research to support the use of any of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac) which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen is not FDA approved for topical application in humans. Therefore this request for Flurbiprofen 10%, Capsaicin 0.025% Patch #120 is not medically necessary.

Lidocaine 6%, Hyaluronic 0.2% Patch #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 rationale: The request for Lidocaine 6%, Hyaluronic 0.2% Patch #120 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain relief. There is little to no research to support the use of any of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The only form of FDA approved topical application of Lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The requested 6% patch is not FDA approved for topical use in humans. Therefore, this request for Lidocaine 6%, Hyaluronic 0.2% Patch #120 is not medically necessary.