

Case Number:	CM14-0067616		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2013
Decision Date:	02/20/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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: California, Illinois
Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old male with a 9/27/13 date of injury. At the time (3/5/14) of the request for authorization for Flurbiprofen/ capsaic Patch 10% 0.025% cream #120 with 2 refills and Lidocaine/ Hyaluronic Patch 6% 0.2 % Cream #120 with 2 refills, there is documentation of subjective (constant lower back pain that radiates to lower extremity with left leg giving way, neck and upper back pain) and objective (tenderness at traps, thoracic spine and lumbar spine spasm, positive straight leg raise, decreased range of motion, the rest is illegible) findings, current diagnoses (thoracic spine and lumbar spine herniated nucleus pulposus with radiculitis), and treatment to date (medication). Regarding Flurbiprofen/ capsaic Patch 10% 0.025% cream #120 with 2 refills, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Capsaicin patch 10% 0.025% cream #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112,112-113.

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

Decision rationale: Regarding Capsaicin 0.025% Flurbiprofen 15%, Menthol 2%, Camphor 2%# x 240, MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of thoracic spine and lumbar spine herniated nucleus pulposus with radiculitis. However, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen/Capsaicin patch 10% 0.025% cream #120 with 2 refills is not medically necessary.

Lidocaine/ Hyaluronic patch 6% 0.2 % cream #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112,. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21394792>

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of thoracic spine and lumbar spine herniated nucleus pulposus with radiculitis. However, the requested Lidocaine/ Hyaluronic patch 6% 0.2 % cream #120 with 2 refills contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine/ Hyaluronic patch 6% 0.2 % cream #120 with 2 refills is not medically necessary.