

Case Number:	CM14-0085969		
Date Assigned:	07/23/2014	Date of Injury:	10/09/2009
Decision Date:	04/22/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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

Certification(s)/Specialty: Internal 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 58 year old female with an industrial injury dated 10/09/2009. Mechanism of injury not provided. Diagnoses includes cervical discopathy (rule out herniated disc), right medial epicondylitis/cubital tunnel syndrome, electrodiagnostic evidence of bilateral carpal tunnel syndrome and left cubital tunnel syndrome, and left elbow pain as a compensable consequence of right elbow injury. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, and injections to the elbow. A progress note dated 05/09/2013 was submitted (no current reports submitted), reports persistent and significant right elbow pain with swelling, no changes in the cervical and left shoulder symptomology, and migraine like headaches with nausea. The objective examination revealed tenderness at the cervical paravertebral muscle and upper trapezius muscles with spasms with painful and restricted range of motion, tenderness in the left shoulder with restricted range of motion and positive impingement test, and tenderness to palpation of the right elbow with painful range of motion and a weak grip. The treating physician is requesting topical medication creams which were denied by the utilization review. On 05/16/2014, Utilization Review non-certified prescriptions for lidocaine 5% and hyaluronic acid 0.2% cream (apply for 8-12 hours) #120 with 4 refills and flurbiprofen 10% and capsaicin 0.025% cream (apply for 8-12 hours) #120 with 4 refills, noting the MTUS ACOEM ODG guidelines were cited. On 06/09/2014, the injured worker submitted an application for IMR for review of for lidocaine 5% and hyaluronic acid 0.2% cream (apply for 8-12 hours) #120 with 4 refills, and flurbiprofen 10% and capsaicin 0.025% cream (apply for 8-12 hours) #120 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%, Hyaluronic acid .2%, apply for 8-12 hours #120 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Pages 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Utilization review determination letter was dated 05-16-2014. The primary treating physician's progress report was dated 05-09-2013, which was one year before the utilization review date. The 5/9/13 progress report was the latest progress report submitted for review. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported by MTUS guidelines. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical product, containing Lidocaine and Hyaluronic acid, is not supported by MTUS guidelines. Therefore, the request for topical Lidocaine and Hyaluronic acid is not medically necessary.

Flurbiprofen 10%, Capsaicin 0.025% cream, apply for 8-12 hours #120 with 4 refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Capsaicin topical Page 28-29.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Capsaicin topical is only an option in

patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Utilization review determination letter was dated 05-16-2014. The primary treating physician's progress report was dated 05-09-2013, which was one year before the utilization review date. The 5/9/13 progress report was the latest progress report submitted for review. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. MTUS guidelines do not support the use of topical NSAIDs. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical product, containing Flurbiprofen and Capsaicin is not supported by MTUS guidelines. Therefore, the request for topical Flurbiprofen and Capsaicin is not medically necessary.