

<b>Case Number:</b>	CM15-0003010		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Family Practice

### 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 57-year-old male who sustained an industrial injury on March 1, 2010. The injured worker is status post lumbar fusion on December 5, 2014. He is diagnosed with lumbago, possible cervical discogenic pain, left cervical radiculopathy, bilateral lumbosacral radicular pain, left shoulder pain and impingement with eight shoulder dislocations, right shoulder pain with mild impingement and bilateral carpal tunnel syndrome. There is no evidence of gastrointestinal complaints and inability to tolerate oral medications. The injured worker was prescribed Percocet 10/325 mg #120, gabapentin 600 mg #60, Soma #90 and Restoril 15 mg #60 on December 15, 2014. Utilization Review dated December 18, 2014 denied the request for topical medications consisting of Flubiprofen/Capsaicin patch 10%/0.024 % cream and Lidocaine/Hyaluronic acid patch 60% cream noting that compound delivery systems are not generally FDA approved as the mechanism by which the drugs are delivered and its efficacy has not been extensively studied. ODG was cited. An appeal has been made for the topical medications for a diagnosis of lumbago.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical medication: Flurbiprofen/Capsaicin patch 10%/ 0.024% cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG section on chronic pain, subsection medication compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines state that there is little to no research to support the use of many these agents. In addition, the topical medication is requested for the lumbar spine. Flurbiprofen is an anti-inflammatory medication and per MTUS, there is little evidence to utilize topical non-steroidal anti-inflammatory medications for the treatment of the spine. The MTUS guidelines also state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records indicate that the injured worker is being prescribed multiple oral medications and there is no indication that the injured worker has not responded to other treatments. The request for Flurbiprofen/Capsaicin patch 10%/ 0.024% cream is therefore not medically necessary.

**Compound topical medication: Lidocaine/Hyaluronic patch 60% cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG section on chronic pain, subsection medication compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines state that there is little to no research to support the use of many these agents and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compounded medication contains Lidocaine, and per the MTUS guidelines, Lidocaine patch has been designated for orphan status by the FDA for neuropathic pain. The guidelines specifically state that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The MTUS guidelines also state that in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. The request for Lidocaine/Hyaluronic patch 60% cream is not medically necessary.