

Case Number:	CM15-0005010		
Date Assigned:	01/16/2015	Date of Injury:	03/14/2012
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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: Physical Medicine & Rehabilitation

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 52-year-old male, with a reported date of injury of 03/14/2012. The diagnoses include cervical discopathy, low back pain, lumbar discopathy, and neck pain. Treatments have included an MRI of the lumbar spine on 06/14/2014, which showed a broad-based bulge at L3-4, L4-5, and L5-S1, a superimposed posterior central annular fissure at L4-5; an MRI of the cervical spine on 06/14/2014, which revealed concentric uncovertebral hypertrophy at C2-3, C3-4, C4-5, C5-6, and C6-7; oral pain medications. The medical report dated 10/06/2014 indicates that the injured worker complained of constant, sharp pain in the neck, which radiates to the upper extremities. He had associated headaches. The injured worker rated his pain 7 out of 10. The injured worker also complained of pain in the low back, which radiated to the lower extremities. He rated the pain an 8 out of 10. An examination of the neck showed tenderness to palpation of the paravertebral muscle with spasm, limited range of motion with pain, instability, and tingling and numbness into the lateral forearm and hand, which correlates with a C6-7 dermatomal pattern. An examination of the lumbar spine showed pain and tenderness in the right across the iliac crest into the lumbosacral spine, radicular pain, standing flexion and extension were guarded and restricted, no evidence of instability, and tingling and numbness in the lateral thigh, anterolateral thigh, leg and foot, anterior knee, medial leg and foot, which correlates with an L4-5 dermatomal pattern. The treating physician requested topical pain medications. On 03/14/2012, Utilization Review (UR) denied the request for Lidocaine 6%/Hyaluronic 0/2% (Patch) #120 and Flurbiprofen 10%/Capsaicin 0.025% (Patch) #120, noting that there was no documentation of failed trials of antidepressant and

anticonvulsant therapy and Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (Patch) 6%/ 0.2% #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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The request is for LIDOCAINE /HYALURONIC (Patch) 6%/ 0.2% #120. None of the reports mention medication. MTUS guidelines page 112 on topical lidocaine states, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. MTUS page 111 further states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. Hyaluronic acid is not supported by ODG for topical application. The request IS NOT medically necessary.

Flurbiprofen/Capsaicin (Patch) 10%/ 0.025% # 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and extremities. The request is for FLUBIPROFEN/ CAPSAICIN --PATCH-- 10% 0.025% #120. None of the reports mention medication. MTUS guideline page 111 recommends Non-steroidal antiinflammatory agents NSAIDs as topical analgesics for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use 4-12 weeks. MTUS guidelines page 112 indicates capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. In this case, this patient does present with chronic low back pain for which the topical Capsaicin would be indicated. However, the patient does not present

with osteoarthritis or tendinitis which topical Flurbiprofen may be indicated for. The request IS NOT medically necessary.