

Case Number:	CM15-0005969		
Date Assigned:	01/26/2015	Date of Injury:	09/05/2012
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 66 year old female who sustained an industrial injury on 9/5/12. The injured worker reported symptoms in the back, shoulders and wrists. The diagnoses included cervicalgia; joint derangement not otherwise specified shoulder, carpal tunnel syndrome, and cubital tunnel syndrome. Treatments to date have included carpal tunnel release, physical therapy and oral medications. PR2 dated 10/28/14 noted the injured worker presents with "constant pain in the cervical spine that is aggravated by repetitive motions" as well as pain in bilateral shoulders and "frequent pain in the bilateral elbow & wrists". The treating physician is requesting Lidocaine/Hyaluronic (patch) 6%0.2% cream, quantity of 120 and Flurbiprofen/Capsaic (patch) 10%0.025% cream, quantity of 120. On 12/11/14, Utilization Review non-certified a request for Lidocaine/Hyaluronic (patch) 6%0.2% cream, quantity of 120 and Flurbiprofen/Capsaic (patch) 10%0.025% cream, quantity of 120. The MTUS, ACOEM Guidelines, (or ODG) was 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% CRM qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS and ODG recommended usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). MTUS indicates Lidocaine Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Lidocaine/Hyaluronic (patch) 6%0.2% CRM qty 120 is not medically necessary.

Flurbiprofen/Capsaic (Patch) 10%0.025% CRM Qty 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 Capsaicin Page(s): 111-113; 28. Decision based on Non-MTUS Citation Compound creams

Decision rationale: MTUS and ODG recommended usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for

topical use in this case. As such, the request for Flurbiprofen/Capsaic (Patch) 10%0.025% CRM Qty 120 is not medically necessary.