

Case Number:	CM15-0008777		
Date Assigned:	01/26/2015	Date of Injury:	08/04/2014
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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 31-year-old female who reported an injury on 08/04/2010. The mechanism of injury was not specified. The relevant diagnoses were indicated to be lumbago, cervicgia, pain in the joint of the left arm, pain in the joint of the left shoulder, and other and unspecified disc disorder of the thoracic region. Other treatments included physical therapy and medications. On 12/02/2014, the injured worker complained of intermittent pain. The physical examination revealed pain was positive in the cervical spine, left shoulder, left arm, and low back. Relevant medications were not noted on examination. The treatment plan included retrospective request for flurbiprofen/capsaicin (patch) 10%/0.025% CRM #120 and retrospective request for lidocaine/hyaluronic (patch) 6%/0.2% CRM #120. A rationale was not provided for review. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Capsaicin (patch) 10%/0.025% CRM #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/15857456> and on the Non-MTUS Official Disability Guidelines (ODG), Pain, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for is not medically necessary. The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support their use. The guidelines also note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the guidelines state topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments or as a treatment for osteoarthritis, post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The injured worker was indicated to have been prescribed flurbiprofen/capsaicin patch for an unspecified duration of time. However, there is lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. In addition, there is lack of documentation to indicate the injured worker had osteoarthritis and tendinitis, including the hip and knee. There was also lack of documentation to indicate the injured worker had not responded or was intolerant to other treatments. There was also lack of documentation to indicate the injured worker had osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain to indicate the necessity of capsaicin. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Retrospective request for Lidocaine/Hyaluronic (patch) 6%/0.2% CRM #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15857456> and on the Non-MTUS Official Disability Guidelines (ODG), Pain, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.rxlist.com/hyaluronic_acid/supplements.htm.

Decision rationale: The retrospective request for Lidocaine/Hyaluronic (patch) 6%/0.2% CRM #120 is not medically necessary. The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, topical lidocaine, in the formulation of a dermal patch (Lidoderm) is not a first-line treatment and is only FDA approved for post-herpetic neuralgia after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED. The guidelines also state no other commercially approved topical formulations of lidocaine (whether

creams, lotions or gels) are indicated for neuropathic pain. Furthermore, rxlist.com indicate the use of hyaluronic acid for sores in the mouth, eye surgery, corneal implant when injected by an eye surgeon, and osteoarthritis when injected into the joint. The injured worker was indicated to have been using lidocaine/hyaluronic patch for an unspecified of duration of time. However, there was a lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. There was also lack of documentation the injured worker had postherpetic neuralgia or has had a trial of first line therapies to include tricyclic, SNRI antidepressants, or an AED. Furthermore, there was lack of documentation to indicate the injured worker had sores in the mouth, had eye surgery, corneal transplant, or osteoarthritis. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.