

<b>Case Number:</b>	CM15-0009509		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 60 year old male, who sustained an industrial injury on September 15, 1999. The injured worker has reported neck, back, upper extremities and bilateral knee pain. The diagnoses have included cervical discopathy, lumbar discopathy, cervicgia, cubital tunnel syndrome. Treatment to date has included pain medication, multiple x-rays, left knee surgery and a cubital tunnel release on November 14, 2014. Current documentation dated October 21, 2014 notes that the injured worker complained of sharp cervical pain, which radiated down both arms. Associated symptoms included headaches, numbness and tingling. He also complained of constant sharp and burning low back pain, bilateral elbow, bilateral wrists/ hands and bilateral knee pain. Physical examination of the cervical spine revealed tenderness with spasm. Spurling's maneuver and an axial loading compression test were positive. Range of motion was limited due to pain. Lumbar spine examination showed tenderness, restricted range of motion and a positive nerve root test. Bilateral knee examination revealed tenderness and range of motion was noted to be painful with crepitus present. Bilateral wrists/hands noted full range of motion which was painful and diminished sensation in the radial digits. On December 29, 2014 Utilization Review non-certified a request for Flurbiprofen 10%, Capsaic 0.025% Patch # 120 and Lidocaine 6%, Hyaluronic 0.2% Patch # 120. The MTUS, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited. On January 16, 2015, the injured worker submitted an application for IMR for review for Flurbiprofen 10%, Capsaic 0.025% Patch # 120 and Lidocaine 6%, Hyaluronic 0.2% Patch # 120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Flurbiprofen/Capsaicin (Patch) 10 Percent, .025 Percent Cream Qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

**Decision rationale:** This is a topical analgesic containing flurbiprofen and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case the patient suffers from left knee osteoarthritis. Capsaicin is recommended. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains a drug that is not recommended. Therefore the medication cannot be recommended. The request should not be authorized.

### **Lidocaine/Hyaluronic (Patch) 6 Percent, .2 Percent Cream Qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Knee & Leg, Hyaluronic Acid Injections

**Decision rationale:** This is a topical analgesic containing lidocaine and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research

is needed to recommend this treatment for chronic neuropathic pain. In this case the patient[s pain is not peripheral or localized. Lidocaine is not recommended. Hyaluronic acid is an injectable medication that is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. It is not recommended for topical use. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be authorized.