

Case Number:	CM15-0009879		
Date Assigned:	01/27/2015	Date of Injury:	02/14/2007
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	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: 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 59 year old male who sustained an industrial injury on 2/14/07. The injured worker reported symptoms in the back, neck and shoulders. The diagnoses included cervicgia, lumbago and shoulder region disc. Treatments to date have included status post right carpal tunnel release on 7/30/13 and oral pain medications. Progress report dated 11/6/14 noted the injured worker presents with "constant pain in the low back...cervical spine...bilateral shoulder..." the treating physician is requesting Lidocaine 6% Hyaluronic 0.2% Cream/Patch and Flurbiprofen 10%/Capsaicin 0.025% Cream/Patch. The pharmacy records indicate that these medications are being prescribed as a cream. On 1/9/15, Utilization Review non-certified a request for Lidocaine 6%Hyaluronic 0.2% Cream/Patch and Flurbiprofen 10%/Capsaicin 0.025% Cream/Patch. The MTUS, ACOEM Guidelines, ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%Hyaluronic 0.2% Cream/Patch QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded topical Analgesic creams Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Compound topical Analgesic creams

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker is being prescribed Lidocaine 6% Hyaluronic 0.2% in a cream as per the pharmacy records. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines also state that in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. The request for Lidocaine 6% Hyaluronic 0.2% Cream/Patch QTY:1.00 is not medically necessary.

Flurbiprofen 10%/Capsaicin 0.025% Cream/Patch QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded topical analgesic creams Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Compound topical Analgesic creams

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. There is little to no research to support the use of many these agents. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Concerning topical non-steroidal antiinflammatory agents (NSAIDs), the guidelines state that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The MTUS guidelines further state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the injured worker is complaining of neck, back and shoulder pain. Furthermore, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that the injured worker has not responded or is intolerant to other treatments. The request for Flurbiprofen 10%/Capsaicin 0.025% Cream/Patch QTY:1.00 is not medically necessary.