

<b>Case Number:</b>	CM15-0131654		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/22/2015
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 27 year old male, who sustained an industrial injury on 2/22/2015. He reported a pop in his lower lumbar spine with pain and a pulling sensation in his right lower back. Diagnoses have included lumbar discopathy-radiculopathy and right foot drop-neurologic deficit. Treatment to date has included lumbar epidural steroid injection, magnetic resonance imaging (MRI), medication and physical therapy. According to the progress report dated 5/12/2015, the injured worker complained of constant pain in the low back with radiation of pain into the right lower extremity. He rated his pain as eight out of ten. He was ambulating with the assist of a walker due to significant right lower extremity weakness. Exam of the lumbar spine revealed pain and discomfort. Lumbar range of motion was guarded and restricted. The injured worker was awaiting lumbar spine surgery. Authorization was requested for Flurbiprofen / Capsaicin (patch) cream and Lidocaine / Hyaluronic (patch) gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin (patch) 10% 0.025% cream Qty: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain management. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Flurbiprofen/Capsaicin patch 10% 0.025% cream Qty: 120 is not medically necessary.

**Lidocaine/Hyaluronic (Patch) 6% 0.2% gel Qty: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine/Hyaluronic (patch) 6% is not medically necessary.