

<b>Case Number:</b>	CM15-0133305		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: North Carolina

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 44 year old female who sustained an industrial injury on 10/18/2012. There was no mechanism of injury documented. The injured worker was diagnosed with lumbago, cervicalgia, double crush syndrome and clinical right shoulder impingement. The injured worker is status post C4-C6 anterior cervical discectomy and fusion (no date documented). Treatment to date has included diagnostic testing, surgery and medications. Other forms of therapy and treatments were not discussed. According to the primary treating physician's progress report on April 24, 2015, the injured worker continues to experience neck pain with radiation to the upper extremities associated with headaches and tension between the shoulder blades. The injured worker rates her pain level at 5/10. The injured worker also reports low back pain radiating to the lower extremities rated as 7/10 on the pain scale. Cervical spine examination demonstrated tenderness to palpation of the paravertebral muscles with spasm. Axial loading compression test and Spurling's were negative. Range of motion was limited with pain and motor strength, sensation and circulation were intact. Lumbar spine examination revealed tenderness to palpation of the paravertebral muscles with spasm. Standing flexion and extension were guarded and restricted. Seated nerve root test was positive. Sensation, motor strength, circulation, coordination and gait were intact. Current medications are listed as topical analgesics. Treatment plan consists of physical therapy for the cervical spine, electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities, right wrist brace and the current request for Flurbiprofen/Capsaic 10%/0.025% Cream and Lidocaine/Hyaluronic 6% 0.2% Gel.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Flurbiprofen/Capsaicin 10%/0.025% Cream Qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

### **Lidocaine/Hyaluronic 6% 0.2% Gel Qty 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.ncbi.nlm.nih.gov/pubmed/15857456>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.