

Case Number:	CM15-0133889		
Date Assigned:	07/22/2015	Date of Injury:	09/10/2005
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 38-year-old female, who sustained an industrial injury on 9/10/05. The injured worker was diagnosed as having lumbago. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, lumbar epidural injections and medications. Currently, the injured worker complains of low back pain with radiation to the lower extremities right greater and left. The treating physician requested authorization for Flurbiprofen 10%/Capsaicin 0.025% cream #120 units and Lidocaine 6%/Hyaluronic Acid 0.2% cream #120 units. Other requests included retrospective Hyaluronic Acid sodium salt powder 3.22581%/Lidocaine Hydrochloride powder 96.7742%, dispensing fee, compounding fee, patches made from 120g compound #30 for the date of service 5/29/15. Another request included retrospective Capsaicin powder 0.0267785% /Flurbiprofen powder 10.7114% /PCCA Lidoderm base 89.2618%, dispensing fee, compounding fee, patches made from 120g compound #30 for the date of service 5/29/15.

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, quantity 120 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral antidepressant and anticonvulsant medications. The records did not indicate subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The records did not show that the patient failed treatments with first line medications. The patient is utilizing multiple formulations of preparations of NSAIDs and topical agents. The guidelines recommend the topical agents be utilized individually so that efficacy can be evaluated. There is lack of guidelines support for the use of multiple formulations of Flurbiprofen with capsaicin for the treatment of skeletal pain. The criteria for the use of Flurbiprofen/Capsaicin 10/0.025% cream 120 units was not met.

Lidocaine/Hyaluronic Acid 6%/0.2% cream quantity 120 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral antidepressant and anticonvulsant medications. The records did not indicate subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The records did not show that the patient failed treatments with first line medications. The guidelines recommend the topical agents be utilized individually so that efficacy can be evaluated. There is lack of guidelines support for the use of Hyaluronic acid in the treatment of skeletal pain. The criteria for the use of Lidocaine / Hyaluronic acid 6% / 0.2% cream 120 units was not met.

Retrospective Hyaluronic Acid Sodium Salt Powder/Lidocaine Hydrochloride powder 3.22581%/96.7742%; dispensing fee; compounding fee; patches made from 120gm, quantity 30 compound, DOS 5-29-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral antidepressant and anticonvulsant medications. The records did not indicate subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The records did not show that the patient failed treatments with first line medications. The guidelines recommend the topical agents be utilized individually so that efficacy can be evaluated. There is lack of guidelines support for the use of Hyaluronic acid in the treatment of skeletal pain. The criteria for the Retrospective use of Hyaluronic acid sodium powder / Lidocaine HCL powder 3.22581%/ 96.7742%; with dispensing fee, compounding fee, patches made from 120gm, quantity 30 compound DOS 5/29/2015 was not met.

Retrospective Capsaicin powder/Flurbiprofen powder/PCCA Lidoderm base 0.0267785%/10. 7114%/89.2618%; dispensing fee; compounding fee; patches made from 120gm compound, quantity 30, DOS 5-29-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral antidepressant and anticonvulsant medications. The records did not indicate subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The records did not show that the patient failed treatments with first line medications. The guidelines recommend the topical agents be utilized individually so that efficacy can be evaluated. The criteria for Retrospective use of Capsaicin powder / Flurbiprofen / PCCA Lidoderm base 0.0267785% / 10.7114 / 89.2618%; dispensing fee, compounding fee, patches made from 120gm compound quantity 30 DOS 5/29/2015 was not met.