

<b>Case Number:</b>	CM15-0141296		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Physical Medicine & Rehabilitation, 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:

This 42 year old male sustained an industrial injury on 10-08-13. He subsequently reported neck and shoulder pain. Diagnoses include cervicgia and lumbago. Treatments to date x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience upper and lower back pain as well as left shoulder pain. Upon examination, there is tenderness to palpation over the cervical paravertebral muscles with spasm, the lumbar paravertebral and the glenohumeral region and subacromial space of the shoulder. Spurling's maneuver and Hawkins and impingement signs were positive. A request for Flurbiprofen/Capsaicin (patch) 10% / 0.025% Cream #120 (DOS 06/10/2015) and Lidocaine/Hyaluronic (patch) 6% / 0.2% Gel #120 (DOS: 06/10/2015) was made by the treating physician.

### 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 #120 (DOS 06/10/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** Regarding the request for flurbiprofen/capsaicin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the aforementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen/capsaicin is not medically necessary.

**Lidocaine/Hyaluronic (patch) 6% / 0.2% Gel #120 (DOS: 06/10/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for lidocaine/hyaluronic acid, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "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 or Lyrica)." Within the documentation available for review, none of the abovementioned criteria have been documented. Given all of the above, the requested lidocaine/hyaluronic acid is not medically necessary.