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| Case Number: | CM15-0142991 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 07/14/2011 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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: Arizona, 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 43 year old female, who sustained an industrial injury on July 14, 2011. Treatment to date has included MRI of the lumbar spine, lumbar fusion on April 3, 2015, physical therapy, intramuscular injection, work restrictions and medications. Currently, the injured worker complains of low back pain which is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. He describes the pain as dull and has no radiation of pain into the bilateral lower extremities. He notes that his pain level is improving and rates his pain a 4 on a 10-point scale. He reports difficulty with sleep. On physical examination the injured worker has a well-healing spinal incisions and no neurological deficit into the bilateral lower extremities. His neurovascular status is grossly intact in the bilateral lower extremities. The diagnoses associated with the request include lumbar disc displacement and status post posterior lumbar interbody fusion. The treatment plan includes compound medication of Flurbiprofen-capsaicin-PCCA lipoderm and compound medications of lidocaine and hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound medication (Flurbiprofen, Capsaicin, PCCA Lipo): 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had also been on numerous oral opioids without reduction in use as well as another topical analgesics. The Flurbiprofen/Capsaicin is not medically necessary.

1 Compound medication (Lidocaine and Hyalurona): 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 analgesic Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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; 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). In this case the claimant did not have the above diagnoses. The Lidocaine/Hyalurona compound was combined with other topical analgesics. Topical Hyalurona lacks clinical evidence for efficacy in pain management. Long-term use of topical analgesics such as Lidocaine is not recommended. The claimant had also been on numerous oral opioids without reduction in use as well as another topical analgesics. The request for continued and chronic use of Lidocaine/Hyalurona as above is not medically necessary.