

Case Number:	CM15-0193454		
Date Assigned:	10/07/2015	Date of Injury:	08/05/2011
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/02/2015

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, New York

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 30 year old female who sustained an industrial injury on 08/05/2011. Medical records indicated the worker was treated for lateral epicondylitis elbow bilateral; pain in joint forearms; chronic upper extremity pain and paresthesias: tendinosis; non-verifiable neuropathic complaints. In the provider notes of 08-31-2015, the worker was seen in follow-up for chronic bilateral forearm dysesthesias. Her current medications include Allegra, Singulair, Lexapro, Flexeril, Zofran, omeprazole, Lexapro, Norco, Zofran, and metformin. Treatment has included medications and diagnostics. An Electromyogram study (2012) was negative. The worker complains of an aching and burning sensation in both forearms with numbness and tingling in both hands. She rates her pain about an 8 on a scale of 0-10 and it ranges between an 8-9. Her medications are managed with a pain clinic. On examination, the worker has tenderness at both elbows as well as both forearms that is mild to moderate on palpations. Her reflexes are 2+ and symmetrical in both upper extremities. Sensation is symmetrically decreased in both hands. Motor testing was 5 out of 5 with pain on wrist resistive activities. The worker has restricted work release, and as of 02-25-2015 had reached maximum medical improvement. The plan of care included MRI's of both forearms to evaluate for tendon tear versus tendinosis. A trial of a compounded topical cream is planned and current pain management is through her pain clinic. A request for authorization was submitted for: 1. Flurbiprofen 10%/Cyclobenzaprine 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2%/dispensed 360 grams, Qty: 1.00. 2. Lidocaine 2%/Prilocaine 2%/Topiramate 2.5%/Meloxicam 0.09 topical cream, dispensed 360 grams, Qty: 1.00. 3. Diclofenac Sodium 5%/Lidocaine 2%/Prilocaine 2%, in LAM dispensed 360 grams, Qty: 1.00. 4. MRI right forearm. 5. MRI left forearm. A utilization review decision 09/09/2015 authorized the MRI of the right forearm and MRI of the left forearm, and denied the following:

Flurbiprofen 10%/Cyclobenzaprine 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2%/dispensed 360 grams, Qty: 1.00. Lidocaine 2%/Prilocaine 2%/Topiramate 2.5%/Meloxicam 0.09 topical cream, dispensed 360 grams, Qty: 1.00. Diclofenac Sodium 5%/Lidocaine 2%/Prilocaine 2%, in LAM dispensed 360 grams, Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Cyclobenzaprine 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2%/dispensed 360 grams, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Therefore, the request is considered not medically necessary.

Lidocaine 2%/Prilocaine 2%/Topiramate 2.5%/Meloxicam 0.09 topical cream, dispensed 360 grams, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. According to MTUS guidelines, there is no evidence for the use of anti-epilepsy medications in topical form. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Therefore, the request is considered not medically necessary.

Diclofenac Sodium 5%/Lidocaine 2%/Prilocaine 2%, in LAM dispensed 360 grams, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety on-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Therefore, the request is considered not medically necessary.