

Case Number:	CM15-0194082		
Date Assigned:	10/07/2015	Date of Injury:	02/22/2013
Decision Date:	11/20/2015	UR Denial Date:	09/21/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 57 year old male, who sustained an industrial injury on 2-22-2013. Medical records indicate the worker is undergoing treatment for cervicgia, bilateral hand pain, left shoulder pain and bilateral wrist pain. A recent progress report dated 8-20-2015, reported the injured worker complained of intermittent cervical pain, left shoulder pain, bilateral hand pain and bilateral wrist pain. Physical examination revealed cervical pain, left shoulder pain, bilateral hand pain and bilateral wrist pain. On 12-13-2014, an electromyography (EMG) and nerve conduction study (NCS) showed mild bilateral carpal tunnel syndrome and bilateral cubital syndrome. Treatment to date has included physical therapy and medication management. The physician is requesting Flurbiprofen-Capsaicin cream 10%-0.025% 120ml with 6 refills and Lidocaine-Gabapentin 5%-10% 120 gram per ml with 6 refills. On 9-21-2015, the Utilization Review non-certified the request for Flurbiprofen-Capsaicin cream 10%-0.025 % 120ml with 6 refills and Lidocaine-Gabapentin 5%-10% 120 gram per ml with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin cream, 10%/ 0.025%, 120ml with 6 refills: 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): Capsaicin, topical, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA-approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." This compounded product that contains Flurbiprofen which is not recommended per guidelines. As such, the request for Flurbiprofen/Capsaicin cream, 10%/ 0.025%, 120ml with 6 refills is not medically necessary.

Lidocaine/Gabapentin gel, 5%/10%, 120gm/ml, with 6 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain 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)." MTUS indicates lidocaine; Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." Lidocaine in a gel formulation is not recommended per guidelines. Topical Gabapentin is not recommended per guidelines. As such, the request for Lidocaine/Gabapentin gel, 5%/10%, 120gm/ml, with 6 refills is not medically necessary.