

Case Number:	CM15-0206630		
Date Assigned:	10/26/2015	Date of Injury:	02/01/2011
Decision Date:	12/07/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 34 year old male, who sustained an industrial injury on 2-1-2011. Medical records indicate the worker is undergoing treatment for moderate bilateral carpal tunnel syndrome, cervical and lumbar discopathy with radiculitis and right shoulder impingement syndrome. A recent progress report dated 7-28-2015, reported the injured worker complained of cervical spine pain rated 7 out of 10, low back pain rated 7 out of 10, right shoulder pain rated 7 out of 10 and bilateral wrist pain rated 5 out of 10 with difficulty sleeping. Physical examination revealed cervical paravertebral tenderness and spasm, right shoulder tenderness, bilateral wrist tenderness and lumbar paravertebral muscle tenderness and spasm. Electro diagnostic studies from 7-14-2015 revealed bilateral moderate carpal tunnel syndrome. Treatment to date has included physical therapy and medication management. The physician is requesting Flurbiprofen-Capsaic (Cream) 10 Percent .025 % #120 and Lidocaine-Gabapentin (Gel) 5 Percent 10 Percent Cream #120. On 10-5-2015, the Utilization Review noncertified the request for Flurbiprofen-Capsaic (Cream) 10 Percent .025 % #120 and Lidocaine-Gabapentin (Gel) 5 Percent 10 Percent Cream #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaic (Cream) 10 Percent .025 Percent #120: 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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 10%/Capsaicin 0.025%, #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are moderate bilateral carpal tunnel syndrome; cervical discopathy with radiculitis; lumbar discopathy with radiculitis; and right shoulder impingement syndrome. Date of injury is February 1, 2011. Request for authorization is September 21, 2015. According to a July 28, 2015 progress note, subjective complaints include pain in and about the cervical spine, lumbar spine, right shoulder and bilateral wrist. Objectively, there is tenderness to palpation over the cervical and lumbar paraspinals with tenderness at the glenohumeral joint and bilateral volar wrists. There is no documentation in the medical record with a clinical discussion, indication or rationale for the topical analgesics. There is however an authorization request as a different date naming the topical analgesic without a clinical indication or rationale. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is recommended. Consequently, Flurbiprofen 10%/Capsaicin 0.025%, #120 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 10%/Capsaicin 0.025%, #120 g is not medically necessary.

Lidocaine/Gabapentin (Gel) 5 Percent 10 Percent Cream #120: 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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine/gabapentin (gel) 5%/10%, cream #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no

other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are moderate bilateral carpal tunnel syndrome; cervical discopathy with radiculitis; lumbar discopathy with radiculitis; and right shoulder impingement syndrome. Date of injury is February 1, 2011. Request for authorization is September 21, 2015. According to a July 28, 2015 progress note, subjective complaints include pain in and about the cervical spine, lumbar spine, right shoulder and bilateral wrist. Objectively, there is tenderness to palpation over the cervical and lumbar paraspinals with tenderness at the glenohumeral joint and bilateral volar wrists. There is no documentation in the medical record with a clinical discussion, indication or rationale for the topical analgesics. There is however an authorization request as a different date naming the topical analgesic without a clinical indication or rationale. Lidocaine in non-Lidoderm form is not recommended. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form and topical gabapentin) that is not recommended is not recommended. Consequently, lidocaine/gabapentin (gel) 5%/10%, cream #120 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, lidocaine/gabapentin (gel) 5%/10%, cream #120 g is not medically necessary.