

Case Number:	CM15-0020488		
Date Assigned:	02/10/2015	Date of Injury:	08/31/2011
Decision Date:	03/31/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 was a 45 year old male, who sustained an industrial injury, August 31, 2011. According to progress note of December 4, 2014, the injured workers chief complaint was low back pain. The pain was described as severe, sharp, stabbing, burning and constant. The pain was radiating down both legs more on the right than the left with numbness, paresthesia and weakness. The physical exam noted decreased range of motion to the lumbar spine secondary to pain. Right and left resisted rotation diminished, straight leg raises positive at 40 degrees, deep tendon reflexes in the knees negative, sensation to light touch decreased in the lateral right thigh and calf and lateral foot. The injured worker was diagnosed with lumbar disc displacement, lumbar radiculopathy and postlaminectomy syndrome of the lumbar region. The injured worker previously received the following treatments of heat/ice, NSAIDS, spinal cord stimulator, epidural steroid injections, EMG/NCS (electromyography and nerve conduction studies), MRI and X-rays. The documentation submitted for review consisted of one progress note, dated December 4, 2014, the medications list provided in the document did not include the following medications Lidocaine/Hyaluronic Patch 6% 2% creams times 120 #2 and Cooleeze (meth/Camp/Hyalor acid) 3.5% 0.5% .006% 0.2% g120 as being used or prescribed at this visit. The primary treating physician requested authorization for prescriptions for compound Lidocaine/Hyaluronic Patch 6% 2% creams times 120 #2 and Cooleeze (meth/Camp/Hyalor acid) 3.5% 0.5% .006% 0.2% g120. On January 3, 2015, the Utilization Review denied authorization for prescriptions for compound Lidocaine/Hyaluronic Patch 6% 2% creams times

120 #2 and Cooleeze (meth/Camp/Hyalor acid) 3.5% 0.5% .006% 0.2% g120. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication- Compound #1 Lidocaine/Hyaluronic Patch 6% 2% Crm X120 #2
Cooleeze(Menth/Camp/Hyalor Acid) 3.5% 0.5% .006% 0.2% G120: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. The request for Hyaluronic acid is also not supported. The request for Medication- Compound #1 Lidocaine/Hyaluronic Patch 6% 2% Crm X120 #2 Cooleeze(Menth/Camp/Hyalor Acid) 3.5% 0.5% .006% 0.2% G120 is not medically necessary.