

<b>Case Number:</b>	CM15-0023373		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2015

### 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 57 year old female, who sustained an industrial injury on 11/5/12. She has reported neck and back injury. The diagnoses have included status left carpal tunnel release, cervical discopathy, double crush syndrome, Electrodiagnostic evidence of right carpal tunnel syndrome, clinical left carpal tunnel syndrome, impingement with full thickness tear of supraspinatus tendon and slap lesion, right shoulder and impingement with partial tear of infraspinatus tendon and slap tear, left shoulder. Treatment to date has included carpal tunnel release, C5-6 anterior cervical discectomy and fusion, physical therapy and oral medications. Currently, the injured worker complains of constant pain in cervical spine, right shoulder and bilateral wrist/hand all aggravated by repetitive motions. Physical exam dated 12/15/14 revealed palpable paravertebral muscle tenderness of cervical spine and tenderness around the anterior glenohumeral region and subacromial space. On 1/7/15 Utilization Review non-certified Flurbiprofen/Capsaicin 10%/0.025% 120gm Cream and Lidocaine/Hyaluronic Patch 6%/0.2% 120gm cream, noting they are not recommended as there is no evidence to support use. The MTUS, ACOEM Guidelines and ODG were cited. On 2/7/15, the injured worker submitted an application for IMR for review of Flurbiprofen/Capsaicin 10%/0.025% 120gm Cream and Lidocaine/Hyaluronic Patch 6%/0.2% 120gm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin 10%/0.025% 120g cream, apply to affected area Q8-12h:** 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): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 10% and Capsaicin 0.025% 120 g applied to affected area every 8 to 12 hours is not medically necessary. Topical analgesics are largely experimental with you 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. Capsaicin is recommended only as an option in patients have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. Flurbiprofen is not FDA approved topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are status post left carpal tunnel release; cervical discopathy; double crush syndrome; electrodiagnostic evidence of right carpal tunnel syndrome; clinical left carpal tunnel syndrome; MRI evidence impingement with full thickness tear supraspinatus tendon and SLAP lesion right shoulder; MRI evidence of infringement with partial tear infraspinatus tendon and SLAP lesion left shoulder. Topical Flurbiprofen is not FDA approved. Any compounded product that contains at least one drug (Topical Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 10% and Capsaicin 0.025% is not recommended. Based on the final information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 10% and Capsaicin 0.025% is not medically necessary.

**Lidocaine/Hyaluronic patch 6%/0.2% 120g cream, apply to affected area Q8-12h:** 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): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine 6% and hyaluronic 0.2% patch 120gm applied to affected area every 8 to 12 hours is not medically necessary. Topical analgesics are largely experimental with you 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. Any compounded product that contains at least one drug (or drug class) that

is not recommended is not recommended. 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 with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post left carpal tunnel release; cervical discopathy; double crush syndrome; electrodiagnostic evidence of right carpal tunnel syndrome; clinical left carpal tunnel syndrome; MRI evidence impingement with full thickness tear supraspinatus tendon and SLAP lesion right shoulder; MRI evidence of infringement with partial tear infraspinatus tendon and SLAP lesion left shoulder. Lidocaine 6% in any form other than Lidoderm, the topical formulation is not indicated for neuropathic pain. Any compounded product that contains at least one drug (lidocaine and non-Lidoderm form) that is not recommended is not recommended. Consequently, lidocaine 6% and hyaluronic acid 0.2% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, lidocaine 6% and hyaluronic acid patch 0.2% 120 g apply to affected area every 8 to 12 hours is not medically necessary.