

<b>Case Number:</b>	CM15-0031345		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Emergency 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 (IW) is a 52-year-old female, who sustained an industrial injury on 03/18/2011. As of 01/08/2015, the injured worker complained of constant low back pain with radiation of pain into the lower extremities right greater than left rated 8/10 and intermittent cervical spine pain radiating into the upper extremities associated with migraine-like headaches, tension between the shoulder blades rated 2/10, and intermittent bilateral wrist pain rated 4/10. The injured worker was diagnosed (01/08/2015) with status post anterior cervical reconstruction, left shoulder impingement syndrome with rotator cuff and labral tear, right shoulder impingement syndrome with labral tear, status post revision right carpal tunnel release and right lateral epicondylar release, left carpal tunnel double crush syndrome, and lumbar discopathy. Treatment to date has included 26 chiropractic treatments through 09/05/2014, referral to a pain management specialist 01/09/2015, and a lumbar laminectomy and fusion with instrumentation done 01/09/2015. On 01/13/2015 requests were made for Flurbiprofen/Capsaicin (Patch) 10% 0.025% Cream #120 2 Refills and Lidocaine/Hyaluronic (Patch) 6% 0.2% Cream #120 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin (Patch) 10% 0.025% Cream #120 2 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It is not effective in shoulder or spinal pain. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. This topical compounded product is not medically necessary.

**Lidocaine/Hyaluronic (Patch) 6% 0.2% Cream #120 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is documentation of any first line treatment failure or trials - not recommended. 2) Hyaluronic: There is no information available on Hyaluronic use as a topical medication in MTUS Chronic pain, ACOEM or Official Disability Guidelines. Basic online search show only some use for wrinkle treatment, it is not known why this is being prescribed. This topical compounded product is not medically necessary.