

<b>Case Number:</b>	CM15-0051961		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male, who sustained an industrial injury on January 16, 2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar discopathy with radiculitis, right inguinal hernia and nerve entrapment right upper extremity. Treatment to date has included diagnostic studies and medications. On August 20, 2014, the injured worker complained of symptomology in not only his lumbar spine with extension into the lower extremities but mainly in the abdomen and the flank region. There was tenderness to palpation in and around the inguinal region extending into the right groin. There was intermittent pain in the right elbow aggravated by activity. There is constant pain in the low back with radiation of pain into the lower extremities. The pain was rated as an 8 on a 1-10 pain scale. The treatment plan included medications and follow-up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaic (Patch) 10% 0.25% Cream #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Flurbiprofen/Capsaicin patch is not medically necessary.

**Lidocaine/Hyaluronic (Patch) 6%.2% Cream #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine/Hyaluronic (patch) 6% is not medically necessary.