

Case Number:	CM15-0054262		
Date Assigned:	03/27/2015	Date of Injury:	04/01/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 22 year old male, who sustained an industrial injury on 04/01/2013. Initial complaints/symptoms reported included a pop feeling in the low back followed immediately by low back pain. The initial diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications, chiropractic manipulation, MRI of the lumbar spine, epidural steroid injection, physical therapy, and ultrasound of the lumbar region. Per the progress report dated 11/26/2014, the injured worker complained of constant pain in the low back that is aggravated by movement and prolonged positions. The injured worker reported sharp pain that radiated into the lower extremities. Diagnoses include lumbar disc displacement and lumbago. The treatment plan consisted of continued medications and follow-up. There were no more recent exams submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (patch) 6%, 2% #120: 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 Lidoderm (lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Hyaluronic acid: a unique topical vehicle for the localized delivery of drugs to the skin. Brown MB, Jones SA.J Eur Acad Dermatol Venereol. 2005 May;19(3):308-18. Review. PMID: 15857456.

Decision rationale: Lidocaine/Hyaluronic (patch) 6%, 2% #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical hyaluronic acid can be used as a drug delivery vehicle for topical analgesics. The MTUS states that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The MTUS does not support topical Lidocaine without these indications therefore the request for the Lidocaine/Hyaluronic acid patch is not medically necessary.

Flurbiprofen/Capsaicin (patch) 10%, 0.025% #120: 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 rationale: Flurbiprofen/Capsaicin (patch) 10%, 0.025% #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines do not support topical NSAIDs for the spine and this patient's history describes lumbar spine pain. The documentation does not indicate intolerance to oral medications. The request for Flurbiprofen/Capsaicin patch is not medically necessary.

