

Case Number:	CM15-0086012		
Date Assigned:	05/08/2015	Date of Injury:	09/07/2010
Decision Date:	06/15/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old female, who sustained an industrial injury on September 7, 2010. She reported attempting to lift a 50 pound box when she experienced a sharp pain to her wrists and pain in the shoulders. The injured worker was diagnosed as having lumbar discopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, and cervical discopathy. Treatment to date has included electrodiagnostic studies, MRIs, physical therapy, x-rays, cervical epidural injections, and medication. Currently, the injured worker complains of constant severe pain in the cervical spine with radiation into the upper extremities with associated headaches and tension between the shoulder blades, constant severe pain in the low back with radiation into the lower extremities, intermittent pain in the bilateral shoulders, and frequent pain in the bilateral wrists. The Primary Treating Physician's report dated March 30, 2015, noted the injured worker was scheduled for a lumbar spine surgery in July 2015. Physical examination was noted to show the cervical spine with palpable paravertebral muscle tenderness with spasm, a positive axial loading compression test, positive Spurling's maneuver, and limited range of motion (ROM) with pain. Tingling and numbness was noted into the left anterolateral shoulder and arm and lateral forearm and hand, greatest over the thumb, which correlated with a C5-C6 dermatomal pattern. The lumbar spine was noted to have palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, and restricted and guarded standing flexion and extension. Tingling and numbness in the posterior leg and lateral foot in a S1 dermatomal pattern was noted. The shoulders were noted to have tenderness around the anterior glenohumeral region and subacromial space with Hawkins and impingement signs positive and

painful terminal motion with limited range of motion (ROM) and weakness of rotator cuff function. Reproducible symptomatology in the median nerve distribution was noted, with the possibility of a double crush syndrome unable to be ruled out with extension of symptomatology in the upper extremities with a positive Spurling's maneuver in the C5 root. Lumbar x-rays were obtained, which were noted to reveal disc space collapse at L5-S1 with vacuum disc phenomenon. The treatment plan was noted to include a recommendation for a C4 through C6 anterior cervical discectomy and rigid fusion. On April 10, 2015, Utilization Review noted an April request for authorization for topical analgesic creams.

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: 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 Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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". Flurbiprofen (Not Recommended) MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Capsaicin (Recommended after Failure of 1st Line) Chronic Pain Medical Treatment Guidelines Capsaicin page(s) 28 MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments". There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances causes serious burns, a new alert from the FDA warns". As such, the request for Flurbiprofen/Capsaicin (patch) 10%/0.025% cream #120 is not medically necessary.

Lidocaine/Hyaluronic (patch) 6%/0.2% cream #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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". Lidocaine (Recommended after Failure of 1st Line) ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain". MTUS states regarding lidocaine, "Neuropathic pain 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)". MTUS indicates lidocaine "Non-neuropathic pain: Not recommended". The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Neither the MTUS nor ODG discuss the use of topical hyaluronic acid, which would imply that it is not recommended. As such, the request for Lidocaine/Hyaluronic (patch) 6%/0.2% cream #120 is not medically necessary.