

Case Number:	CM14-0145187		
Date Assigned:	09/12/2014	Date of Injury:	02/28/2011
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male who reported an injury on 02/28/2011. The mechanism of injury was a motor vehicle accident. Diagnoses included bilateral positive impingement with partial tearing and tendinopathy of both shoulders, lumbar discopathy with grade 1 listhesis at L5-S1, lower extremity radiculopathy, and depression with anxiety. Past treatments included lumbar spine epidural steroid injections, Botox injection, physical therapy and medications. Pertinent diagnostic testing was not provided. Pertinent surgical history was not provided. The clinical note dated 08/27/2014 indicated the injured worker complained of shoulder pain, and increasing low back pain with bilateral lower extremity paresthesias. Physical exam findings revealed reflexes 1+ throughout, intact sensation along all dermatomes, and shoulder flexion bilaterally rated 4+/5. The clinical note dated 06/05/2014 indicated medications included Norco 10/325 mg, Ultram ER 150 mg, Remeron 15 mg, Prilosec 20 mg, Lyrica 75 mg, Ambien 10 mg and Nucynta 75 mg. The treatment plan included flurbiprofen 10%/capsaicin patch 0.025% cream, #120 with 1 refill and lidocaine 6%/hyaluronic 0.2% patch cream, #120 with 1 refill. The rationale for the request was not provided. The Request for Authorization form was not provided.

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 with 1 refill: 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: The request for Flurbiprofen/capsaicin (patch) 10%/0.025% cream, #120 with 1 refill is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical nonsteroidal anti-inflammatory agents are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis in the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain. Topical capsaicin 0.025% formulation is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is indicated for patients with osteoarthritis, fibromyalgia and chronic nonspecific back pain. There is a lack of clinical documentation to indicate the injured worker had not responded or was intolerant to other treatments. Additionally, findings of osteoarthritis including subjective complaints and physical exam findings were not provided. Additionally, the request does not include indicators of frequency or a specific location for using the patch. Therefore, the request for Flurbiprofen/capsaicin (patch) 10% /0.025% cream, #120 with 1 refill is not medically necessary.

Lidocaine/Hyaluronic (patch) 6%/0.2% cream, #120 with 1 refill: 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: The request for Lidocaine/Hyaluronic (patch) 6%/0.2% cream, #120 with 1 refill is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request contains lidocaine in the form of a patch which is not Lidoderm. Additionally, the request does not include indicators of frequency or a specific

location for using the patch. Therefore, the request for Lidocaine/Hyaluronic (patch) 6%/ 0.2% cream, #120 with 1 refill is not medically necessary.