

Case Number:	CM14-0183381		
Date Assigned:	11/10/2014	Date of Injury:	06/17/2011
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 51-year-old male with a 6/17/11 date of injury. According to a progress report dated 8/28/14, the patient complained of constant pain in the cervical spine with radiation into the upper extremities. He rated his pain as an 8/10. There was constant pain in the right shoulder, rated as a 7/10. Objective findings: palpable cervical paravertebral muscle tenderness with spasm, positive Spurling's, limited cervical range of motion with pain, tingling and numbness into the lateral forearm and hand, tenderness around the anterior glenohumeral region and subacromial space, limited right shoulder range of motion and weakness. Diagnostic impression: cervical discopathy, carpal/cubital/double crush syndrome, right shoulder AC arthropathy. Treatment to date: medication management, activity modification, injections. A UR decision dated 10/2/14 denied the requests for Flurbiprofen/Capsaicin (Patch) 10 Percent, 0.025 Percent Cream #120 Refill 1 And Lidocaine/Hyaluronic (Patch) 6 Percent, 0.2 Percent Cream #120 Refill 1. There is no medical documentation of the patient unable to try using oral anti-inflammatory medications. The patient also has not tried using any of the over the counter topical ointments or gels prior to the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/CAPSAICIN (PATCH) 10 PERCENT, 0.025 PERCENT CREAM #120 REFILL 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of the NSAID, flurbiprofen, in a topical formulation. In addition, there is no documentation that this patient is unable to tolerate an oral medication. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbiprofen/Capsaicin (Patch) 10 Percent, 0.025 Percent Cream #120 Refill 1 is not medically necessary.

LIDOCAINE/HYALURONIC (PATCH) 6 PERCENT, 0.2 PERCENT CREAM #120 REFILL 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of hyaluronic in a topical formulation. Lidocaine is not supported in a topical formulation prior to a trial of a first-line oral anticonvulsant or antidepressant medication to treat neuropathy, such as gabapentin. There is no documentation that this patient has had a trial of a first-line oral medication. In addition, there is no documentation that this patient is unable to tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Lidocaine/Hyaluronic (Patch) 6 Percent, 0.2 Percent Cream #120 Refill 1 is not medically necessary.