MAXIMUS Federal Services

Case Number:	CM14-0212049		
Date Assigned:	01/02/2015	Date of Injury:	08/15/2003
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old woman with injury to her neck, low back, shoulder and arms. Physical examination demonstrated pain to palpation in the low back and upper extremities. Range of motion was limited to pain.Diagnoses: 1.Cervical discopathy with radiculitis. 2.Lumbar discopathy with radiculitis. 3.Right shoulder impingement. 4.Carpal tunnel syndrome. 5.Obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream of Lidocaine/Hyaluronic (6% and 0.2%) patch #120: 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.

Decision rationale: The MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to

determine efficacy or safety. Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Recommendation is for denial.

Retrospective request for compound cream Flurbiprofen/Capsaicin patch (10% and 0.025%) #120 provided on date of service 11/17/14: 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): 112.

Decision rationale: Both Flurbiprofen and Capsaicin are indicated by the CA MTUS for osteoarthritis of the peripheral joints. In this case, the medical records do not indicate what the cream/patch are being used for. There is no diagnosis or osteoarthritis. The requested medication is not medically necessary and recommendation is for denial.