

Case Number:	CM14-0212847		
Date Assigned:	12/30/2014	Date of Injury:	01/27/2004
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 52-year-old woman with a date of injury of January 27, 2004. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses status post C4 through C7 anterior cervical discectomy with disc replacement at C4 - C5; retained symptomatic cervical hardware; status post right shoulder arthroscopic surgery and Mumford procedure; left shoulder impingement syndrome with acromioclavicular joint arthrosis; status post right De Quervains/carpal tunnel release; status post left De Quervains /carpal tunnel release; and status post right long and some trigger finger release. Pursuant to the progress note dated October 8, 2014, the IW complains of constant pain in the cervical spine that is aggravated by repetitive motions of the neck. There is radiation of pain into the upper extremities. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. The pain is unchanged and rated 5/10. She also complains of right hand pain, bilateral shoulder pain, and left wrist pain. Examination of the cervical spine reveals palpable paravertebral tenderness with spasms. Range of motion is limited due to pain. Examination of the shoulders reveals tenderness around the anterior glenohumeral region and subacromial space. Examination of the right hand/wrist reveals full but painful range of motion. There is full sensation in the radial digits. Examination of the left hand reveals tenderness and hypersensitivity to touch. Neurovascular status is intact. There is full sensation in the radial digits. The IW is awaiting authorization for the recommended removal of the symptomatic hardware. She has an anterior cervical plate and screw. The current request is for

Lidocaine/Hyaluronic cream 120 grams DOS: 11/14/14, and Flurbiprofen/Capsaicin cream 120 grams DOS: 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidocaine/Hyaluronic cream 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs

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 Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retroactive lidocaine/hyaluronic cream #120 g is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm patch, no other commercially approved topical formulation of lidocaine whether cream, lotion or gel is clinically indicated for neuropathic pain. Lidocaine in cream form is not recommended. In this case, the injured worker's working diagnoses are status post C4 through C7 anterior cervical discectomy with disc replacement at C4 - C5; retained symptomatic cervical hardware; status post right shoulder arthroscopic surgery and Mumford procedure; left shoulder impingement syndrome with acromioclavicular joint arthrosis; status post right De Quervain's/carpal tunnel release; status post left De Quervain's /carpal tunnel release; and status post right long and some trigger finger release. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (lidocaine in cream form) that is not recommended is not recommended. Additionally, there is no documentation of failed gabapentin treatment. Consequently, lidocaine/hyaluronic cream is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retroactive lidocaine/hyaluronic cream #120 g is not medically necessary.

Retro Flurbiprofen/Capsaicin cream 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs

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 Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retroactive Flurbiprofen/capsaicin cream #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical application. In this case, the injured worker's working diagnoses are status post C4 through C7 anterior cervical discectomy with disc replacement at C4 - C5; retained symptomatic cervical hardware; status post right shoulder arthroscopic surgery and Mumford procedure; left shoulder impingement syndrome with acromioclavicular joint arthrosis; status post right De Quervain's/carpal tunnel release; status post left De Quervain's /carpal tunnel release; and status post right long and some trigger finger release. Flurbiprofen is not FDA approved for topical application. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Additionally, there is no documentation of failed gabapentin treatment. Consequently, Flurbiprofen/Capsaicin cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen/Capsaicin cream retroactive # 120 is not medically necessary.