

Case Number:	CM14-0219112		
Date Assigned:	01/09/2015	Date of Injury:	11/05/2011
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 57 year-old female, who was injured on November 5, 2011, while performing regular work duties. She complains of bilateral wrist pain which is aggravated by repetitive motions, shoulder, and neck pain. The injured worker has had treatment including right wrist surgery, medications, off work status, physical therapy, and medications. Associated diagnoses are cervicalgia, carpal tunnel syndrome, and joint shoulder derangement. On October 23, 2014, it is noted that she complains of throbbing shoulder pain, and physical findings are indicated to be tenderness, with a painful range of motion. The request for authorization is for Flurbiprofen Capsaicin (patch) 10%, 0.025% cream, quantity #120; and Lidocaine Hyaluronic (patch) 6%, 0.2% cream, quantity #120. The primary diagnosis provided on the application is shoulder region joint pain. On December 1, 2014, Utilization Review non-certified the request for Flubiprofen Capsaicin (patch) 10%, 0.025% cream, quantity #120; and Lidocaine Hyaluronic (patch) 6%, 0.2% cream, quantity #120, based on Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUBIPROFEN CAPSULE (PATCH) 10% 0.025% CRM QTY: 120, LIDOCAINE HYALURONIC (PATCH) 6%, 0.2% CRM QTY: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 Capsaicin section NSAIDs section Topical Analgesics section Page(s): 28, 67-73, 111-11.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The injured worker is not reported to have arthritic pain that may benefit from the use of flurbiprofen or capsaicin. There is no evidence that the injured worker has failed other treatments prior to utilizing capsaicin. The injured worker is already taking a systemic NSAID, which the preferred treatment over topical NSAIDs. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no evidence based guideline in support of the use of topical hyaluronic acid for pain management. The use of topical hyaluronic acid is not recommended, so the compounded lidocaine/hyaluronic acid is not recommended. There is no evidence that the injured worker has failed first line therapies prior to utilizing topical lidocaine. The request for FLUBIPROFEN CAPSAICIN (PATCH) 10% 0.025% CRM QTY: 120, LIDOCAINE HYALURONIC (PATCH) 6%, 0.2% CRM QTY: 120 is determined to not be medically necessary.