

Case Number:	CM15-0000708		
Date Assigned:	01/12/2015	Date of Injury:	01/12/2012
Decision Date:	03/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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: 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 46 year old male, who sustained an industrial injury on January 12, 2012. The diagnoses have included lumbar Discopathy and segmental instability, internal derangement, both knees with patellofemoral chondromalacia, sprain/strain both wrists and ankles. Treatment to date has included medication and cortisone injections to the knees. Currently, the IW complains of constant pain in both wrists that is aggravated by repetitive motions, gripping, grasping, pushing, pulling and lifting and characterized as throbbing, constant low back pain aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing and walking multiple blocks and severe pain in the bilateral knees that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks and prolonged standing, he admits to swelling and buckling and frequent pain in bilateral ankles which is aggravated by ascending and descending stairs, lifting and bending. On December 10, 2014 Utilization Review non-certified Flurbiprofen/Capsaic (patch) 10% 0.025% cream quantity thirty and Lidocaine/Hyaluronic (patch) 6% 0.2% cream quantity thirty, noting Medical treatment utilization schedule (MTUS) guidelines was cited. On December 4, 2014, the injured worker submitted an application for IMR for review of Flurbiprofen/Capsaic (patch) 10% 0.025% cream quantity thirty and Lidocaine/Hyaluronic (patch) 6% 0.2% cream quantity thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaic (patch) 10% 0.025% cream #30: Upheld

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

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

Decision rationale: The patient presents with pain in multiple body parts, including his wrists, lower back, knees and ankles. None of the reports mention medication except that "the patient has been using Bactroban ointment on hands." The request is for FLUBIPROFEN/ CAPSAICIN PATCH 10% 0.025% CREAM #30. MTUS guideline page 111 recommends Non-steroidal antiinflammatory agents NSAIDs as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use --4-12 weeks--." MTUS guidelines page 112 indicates "capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." In this case, the patient suffers from various pain conditions including left patella tendinosis for which topical Flurbiprofen may be indicated. The use of Capsaicin is indicated for general pain conditions. However, the treater does not indicate how the topicals are used, for which body parts and with what effectiveness in terms of pain and functional improvements. MTUS page 60 requires recording of pain and function when medications are used for chronic pain condition. The request IS NOT medically necessary.

Lidocaine/Hyaluronic (patch) 6% 0.2% cream #30: Upheld

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

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

Decision rationale: The patient presents with pain in multiple body parts, including his wrists, lower back, knees and ankles. None of the reports mention medication except that "the patient has been using Bactroban ointment on hands." The request is for LIDOCAINE /HYALURONIC Patch 6%, 0.2% CREAM #30. MTUS guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. 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." MTUS page 111 further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. Hyaluronic acid is not supported by ODG for topical application.

Therefore, the entire compound cream cannot be supported. The request IS NOT medically necessary.