

Case Number:	CM15-0100298		
Date Assigned:	06/02/2015	Date of Injury:	04/07/2001
Decision Date:	06/30/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old female who sustained an industrial injury on 04/07/2001. Current diagnoses include status post L5-S1 posterior lumbar interbody fusion, rule out retained symptomatic lumbar spinal hardware/junctional level pathology, and L4-5 disc space height collapse with status post decompression. Previous treatments included medications, lumbar surgery, Toradol and steroid injections, and epidural steroid injection. Report dated 04/15/2015 noted that the injured worker presented with complaints that included constant low back pain with radiation to the lower extremities. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for palpable tenderness of the paravertebral muscles with spasm, seated nerve root test is positive, guarded and restricted range of motion, tingling and numbness in the lateral thigh and anterolateral leg and foot. The treatment plan included administration of Depo-Medrol and vitamin B-12 complex, awaiting authorization for lumbar facet block, and request for medications for symptomatic relief. Disputed treatments include flurbiprofen 10%/capsaicin patch 025% cream and lidocaine/ hyaluronic patch 6%, 2% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Capsaicin Patch 025% Cream #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, topical analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the proposed topical analgesic is recommended as topical analgesics for chronic limb pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flurbiprofen 10%/Capsaicin Patch 025% Cream #120 is not medically necessary.

Lidocaine/ Hyaluronic Patch 6%, 2% Cream #120 supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine Page(s): 56.

Decision rationale: According to MTUS guidelines, “Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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.” In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine/ Hyaluronic Patch 6%, 2% Cream #120 supply is not medically necessary.