

Case Number:	CM15-0019325		
Date Assigned:	02/09/2015	Date of Injury:	05/10/2012
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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, Michigan, 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:

This 63 year old male sustained an industrial injury on 5/10/12. He subsequently reports bilateral hip, right shoulder and low back pain. Diagnoses include lumbar discopathy, right shoulder impingement syndrome and internal derangement bilateral hips. The injured worker has undergone spinal surgery. Treatment to date has included prescription pain medications, injections and physical therapy. On 1/5/15, Utilization Review denied the request for Lidocaine 6%/Hyaluronic 0.2% (patch) #120 and Flurbiprofen 10%/Capsaic 0.025% (patch) #120 based on MTUS Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%/Hyaluronic 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: 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. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine/Hyaluronic (patch) 6% is not medically necessary.

Flurbiprofen 10%/Capsaic 0.025% (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 requested topical analgesic is formed by the combination of Fluriprofen and Capsaicin. 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. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for this topical analgesic is not medically necessary.