MAXIMUS Federal Services

Case Number:	CM15-0117259		
Date Assigned:	06/25/2015	Date of Injury:	10/18/2012
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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, Hawaii
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 44 year old female, who sustained an industrial injury on 10/18/12. The injured worker has complaints of cervical spine pain that radiates into the upper extremities and associated with headaches that are migrainous in nature as well as tension between the shoulder blades. The documentation noted that there is palpable paravertebral muscle tenderness with spasm and range of motion is limited with pain. The documentation noted there is palpable paravertebral muscle tenderness with spas; and seated nerve root test is positive. Range of motion standing flexion and extension are guarded and restricted. The diagnoses have included lumbago and cervicalgia. The documentation noted that there was a treatment plan to refill medications and a course of physical therapy to the cervical spine at a rate of twice times a week for the ensuing four weeks. The request was for flurbiprofen/capsaicin (patch) 10% 0.025% cream, quantity 120 and lidocaine/hyaluronic (patch) 6% 0.2% cream, quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin (Patch) 10% 0.025% Cream, 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 Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the cervical spine with radiation into the bilateral upper extremities and low back with radiation into the bilateral lower extremities. The current request is for Flurbiprofen/Capsaicin (Patch) 10% 0.025% Cream, QTY: 120. The treating physician report dated 4/25/15 (19B) states, "I am refilling the patient's medication today. They are benefitting from taking these medications". They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living". Regarding compounded topical analgesics, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The MTUS guidelines do not support the usage of Flurbiprofen 10% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with neck, low back and radiating neuropathic pain for which this topical NSAID is not indicated. Furthermore, since Flurbiprofen is not recommended, the entire compounded product is not supported. The current request is not medically necessary.

Lidocaine/Hyaluronic (Patch) 6% 0.2% Cream, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation http://www.ncbl.nlm.nih.gov/pubmed/15857456.

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

Decision rationale: The patient presents with pain affecting the cervical spine with radiation into the bilateral upper extremities. The current request is for Lidocaine/Hyaluronic (Patch) 6% 0.2% Cream, QTY: 120. The treating physician report dated 4/25/15 (19B) states, "I am refilling the patient's medication today. They are benefitting from taking these medications". They are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living". Regarding compounded topical analgesics, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The MTUS guidelines states the following regarding 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". The guidelines go on to state, "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 or Lyrica)." In this case, there is no evidence in the documents provided that the patient has failed a trial of a first- line therapy and there is no description of localized peripheral neuropathic pain location that requires use of a Lidocaine patch. The current request is not medically necessary.