

Case Number:	CM15-0118410		
Date Assigned:	06/26/2015	Date of Injury:	04/21/2005
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 36-year-old female who sustained an industrial injury on 04/21/2005. She reported a trip and fall on and escalator. The injured worker was diagnosed as having low back pain. Treatment to date has included a lumbar fusion (2011) and on 03/13/2015, a removal of hardware from the lumbar fusion due to complaint of hardware related pain and difficulty sleeping. She has had physical therapy with no pain relief, and was seen in pain management consultation post op hardware removal. Currently(03/26/2015), the injured worker complains of constant dull pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged positioning, and walking multiple blocks. The pain is improving. On a scale of 1-10, the worker rates it a 4. She also complains of difficulty sleeping. On examination of the lumbar spine, the worker has palpable paravertebral muscle tenderness with spasm. Her range of motion is guarded and restricted in flexion and extension. She has no clinical evidence of stability on exam. Sensation and strength are normal and coordination and balance are intact. The treatment plan was for medication refills. A request for authorization is made for: 1. Lidocaine 6% Hyaluronic Acid 0.2% gel, 120 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6% Hyaluronic Acid 0.2% gel, 120 ml: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2005 and continues to be treated for low back pain. When seen, she was having difficulty sleeping. Pain was rated at 4/10. There was a normal BMI. There was decreased and guarded lumbar spine range of motion with paraspinal muscle tenderness and spasms. Medications being prescribed included topical lidocaine with hyaluronic acid in a patch formulation. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including topical hyaluronic acid. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Lidocaine in a patch formulation is not recommended. This medication is not medically necessary.