

<b>Case Number:</b>	CM15-0120259		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	04/26/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 25-year-old male, who sustained an industrial injury on 4/26/2014. Diagnoses include lumbago. Treatment to date has included diagnostics and medications. EMG (electromyography) dated 5/13/2015 revealed evidence of chronic left L5 (or L4) radiculopathy. Per the Doctor's First Report of Occupational Injury or Illness dated 5/21/2015 the injured 8/10 lower, back pain with radiation numbness and weakness to the lower left extremity. The plan of care included diagnostics. Authorization was requested for Flurbiprofen/capsaicin (patch) 10%/0.025% cream #120, and Lidocaine/Hyaluronic (patch) 6%/0.2% gel #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Hyaluronic (Patch) 6 Percent/.2 Percent Gel #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): 111-113.

**Decision rationale:** The patient has low back pain radiating to the lower extremity with numbness and weakness. The current request is for Lidocaine/hyaluronic (patch) 6 percent/2 percent Gel #120. Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Generally used for post-herpetic neuralgia and diabetic neuropathy. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain 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. In this case, there is no documentation of failure of first line therapy and there is no documentation of localized peripheral neuropathic pain. The current request is not medically necessary.

**Flurbiprofen/Capsaicin (Patch) 10 Percent/.025 Percent Cream #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): 111-113.

**Decision rationale:** The patient has low back pain radiating to the lower extremity with numbness and weakness. The current request is for Flurbiprofen/capsaicin (patch) 10 percent/.025% cream #120. Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Generally used for post-herpetic neuralgia and diabetic neuropathy. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is in a group of drugs called non-steroidal anti-inflammatory drugs. Non-steroidal anti-inflammatory agents (NSAIDs): Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. In this case, the patient is having lumbar spine pain. The MTUS guidelines do not support Flurbiprofen for the treatment of lumbar pain. As such, the request is not medically necessary.