

<b>Case Number:</b>	CM15-0125880		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 York  
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 11/14/11. The injured worker was diagnosed as having cervical discopathy, lumbar discopathy/segmental instability, status post right shoulder replacement, bilateral carpal tunnel syndrome/double crush syndrome and bilateral plantar fasciitis. Treatment to date has included lumbar steroid injection, physical therapy, home exercise program, right shoulder surgery and medications (not documented which medications). (MRI) magnetic resonance imaging of lumbar spine was performed on 10/20/14. Currently on 6/10/15, the injured worker complains of neck pain with radiation down bilateral upper extremities, constant low back pain with radiation down the bilateral lower extremities without numbness, tingling or weakness. He describes the pain as sharp, aching and moderate to severe in severity, it is aggravated by activity, bending, prolong sitting, turning and twisting. He also complains of bilateral hip pain. He notes his pain is 6/10 in intensity with medications and 10/10 in intensity without medications. He also notes frequent gastrointestinal upset. He is permanently retired. Physical exam dated 6/2/15, noted tenderness on palpation of paravertebral muscles of cervical spine with limited range of motion, tenderness upon palpation in the spinal vertebral area L4-S1 with restricted range of motion of lumbar spine and decreased range of motion of right shoulder and a well healed right shoulder scar. Tenderness is also noted over the volar aspect of the wrist with full but painful range of motion and tenderness in the heel cord as well as planta aspect of bilateral feet. The treatment plan included referral for re-evaluation of right shoulder, pain management for possible second

lumbar epidural steroid injection and appropriate pharmacological agents, stating medications are listed under a separate cover letter, the letter is not included with documentation submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen/Capsaic (Patch) #120 with 4 refills: 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:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen/Capsaic (Patch) #120 with 4 refills is not medically necessary.

**Lidocaine/Hyaluronic (Patch) #120 with 4 refills: 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:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS provides no evidence recommending the use of topical Hyaluronic. MTUS guidelines state that Lidocaine is not recommended for topical application for treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidocaine/Hyaluronic (Patch) #120 with 4 refills is not medically necessary by MTUS.